FOR STATE

uneral director, page 3 hin 72 haurs ofter death

moy be

deoth. Poge

CTAT	FOE	SA A D	VI A	ALD
STAT	E UI	MAR	FLA	RU.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

()	-9
O	/
	REG NO

REGISTRAK							RE	G. NO.			9
1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE	ı	AST	1	26. DATE OF DEA	TH MONTH I	DAY YEAR	26. HOU	R
(TIPE OR PRINT)	KWYN			AB	RAHAMS			June 4,	1987	300	A M
3. SEX	4. R	ACE	1-16-18	5. DATE C			6. AGE (IN YEARS L		IF UNDER I YEA	R IF UNDER	24 HRS
Male		Whit	e	Decei	mber 14	,1919		67 YRS.	MONTHS! DAYS	HOURS	MIN.
78. BIRTHPLACE (STATE OR F	OREIGN 7b (ITIZEN OF	WHAT COUNTR	Y2 8	NEVER A		9 BALTIMORE C	TY OR COUNTY	OF DEATH		
New York		U.S	S.A.	WIDOWE			Montgome	ry Count	.v.		MD
10 CITY OR TOWN OF DEA	TH 11.		HOSPITAL, NUR		OR OTHER INST		12a USUAL OCCU		12b. KIND	OF BUSINE	SSOR
Potomac	100		Woodin		rive		ECONOMI			OVER1	MEN
USUAL RESIDENCE (# NURS	ING HOME OR OTHE			FORE ADMISSION)	13d INSIDE C	ITV HALITES	13e STREET ADDR			107	
Maryland	Montgo	mery	Potoma		YES [NO [9400 Woo			208	154
A FATHER'S NAME			1457			MAIDEN NAM	AE .				1
BERNARD	MIDD	I I	BRAHAMS	5	ID	A	MID		QUI		
168 WAS DECEASED EVER	IN U.S. ARMED		166 SOCIAL SE	CURITY NO.	17 INFORMA	NI WIFE	A	POTOMA	AC MD	2085	4
NO	(# 165, ONE WA	- CA DATES	046-01-	-5896	EDNA A		: 9400WC	ODINGION	V DR.	2005	*
18 CAUSE OF DEATH PART I. DEATH W	H (Enter only o	ne couse per	line for (o), (b),	and (c).)					BETWEE	XIMATE INTER	DEATH
PART I. DEATH W	AS CAUSED BY		Carcinon	na of th	he Lung				6 r	nonths	3
		DUE TO O	R AS A CONSEC	OHENCE OF							
e tur er		DOE TO, O	K AS A CONSEC	JOEINCE OF					_		
Conditions, if ony,		(b)							_	_	
couse (a), statin underlying couse	g the	DUE TO, O	R AS A CONSEC	DUENCE OF							
underlying coose	1031.	(c)									
PART 2. OTHER SIGN	I IFICANT CON	DITIONS <u>CC</u>	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR	CONDITION GIV	EN IN PART	lio.	
190. DATE OF OPERAT	ION	19b. COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES	, WERE FIND	INGS USED	
SH SH	H 52 J						YES TO NO		YING CAUSE S	S OF DEAT	
210. ACCIDENT WAS UND	ERLYING	216. TIME O			21c. HOW IN	JURY OCCURR	ED (ENTER NATURE C				
			M. MONTH								
OR CONTRIBUTING CO		P. 21e PLACE		19	211 LOCATIO	N			7	-	
MOI WI	NE 🗆	(AT HOME, STE	REET, FACTORY, OFFI	CE, FARM, ETC }	STREET		CITY	ORTOWN	COUNTY	5	TATE
22s.1 certify that (1)		attended th	e deceared tra	April	30	10 87	, Jun	e 4	10 87	. that (1) (v	we) lost
sow the decease	ed olive on	May 28	19		nd that in (my)	, 17	leoth occurred on	the dote and hou	r and from th	1. 1	,
obove, (I) (we) (c	id) (did not) vie	ew the body	ofter death.		DEGREE					E SIGNED	
The Stott Atom.	11/4	1111	11/4	ft m	6	TTENDING T	MEDICAL DIRECTOR P	STAFF	1		097
22d. PHYSICIAN'S NA	ME (TYPE OR PRH	NT)	NA 110		22e. ADDRES		DIKECTOK [] PI	1131CIAN []	JJune	2,000	17
Richa	ard W. 1	Holt,	M.D.		3800	Reservo	ir Rd.,	N.W., Wa	shing	ton, D	.C.
23s. BURIAL, CREMATION,	REMOVAL 2	3b. DATE	2.	3c. NAME OF C			23d. LOCATION	1			
CREMATION			21	LEE CRI	EMATORY		WASHIN		D.C.	S	TATE
					- 4 34 OT/T		1 7 14 14 14 14 14	CTCLY.	40 40		

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban poper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital

injury, or other traumotic event,

MPORTANT: If them 21 is marked or Item 18 shows any

DHMH - 16 50M 4/83 (VRA 15, 4)

LEE CREMATORY 24. FUNERAL DIRECTO DANZANSKY-GOLDBERG ALMEM. CHAPELS

ROCKVILLE.

1170 ROCKVILLE PIKE;

WASHINGTON D.C.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SUN 1 0 1987

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	Banal	REG. NO	de	1	3	7
BRAMSON	20 DATE	OF DEATH	6/	05/	87	4
	1 105		. 2	4.7	And the latest the lat	

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO. (NIL		3-
		CEASED NAME	FIRST LL11	AN	AIDDLE	AB	BRAMSON	20 DATE	OF DEATH	105	187	4 49 M
۱	3. SE)	(4	RACE		5. DATE C		6. AGE	LIN YEARS LAST BIRTHDA	AÝ)	NOTE THAT	CONDER 24 HES.
		FEMALE		CAUCAS	STAN	JAN	26 1900	87		VRS	DAYS I Y	POCHS MYS.
į		RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTI	MORE CITY OR C	COUNTY OF	DEATH	
		RUSSIA		U.S.A		WIDOWE			MONT	Gon	NERY	MD.
2	III CI	TY OR TOWN OF DEA	TH 1	1. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		AL OCCUPATION		12b. KIND OF E	BUSINESS OR
ė	-	ROCKVILLE		HEBREW	HOME OF GIVE RESIDENCE BEFORE	GREAT	TER WASHINGTO		MEMAKER	ORKING LIFE)	HOME	
ľ	M.	ARYLAND			ROCKOT		13d. INSIDE CITY LIMITS?	61:	ET ADDRESS / ZI		RD::2	0852
1	10	THER'S NAME ENJÄMIN	M	IDDLE	FELDST	EIN	15 MOTHER'S MAIDEN NA	AME	WIDDLE		SEGER	RMAN
		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 212-74-		17 INFORMANDAUGH THELMA OLSH			WASHIN St. N.).C.)036
		8 CAUSE OF DEATH PART I. DEATH W.		BY: CAUSE (a)	RESP	IRA	TORY A	RRE	EST		APPROXIMA BETWEEN ON	SET AND DEATH
		Conditions, if any, gave rise to imm cause (a), storing underlying couse PART 2. OTHER SIGN	nediote g the last	(c)	AS A CONSEQUE		NOT RELATED TO THE TERM		MONIA EASE OR CONDITI		IN PART 11a	1612
-	CERTIFICATION	90. DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	11/		ERE FINDING	
	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO	AUSE OF DEAT	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTE	R NATURE OF INJURY IN	TITEM 18 PART I	OR PART 2)	
	MED	21d. INJURY OCCURR	ILE	21e PLACE C	OF INJURY BET, FACTORY, OFFICE, FA	RM, ETC.)	21f LOCATION STREET	d	CITY CH TOWN		COUNTY	STATE
		22a I certify that (I) sow the decease above, (I) (wa) (d	d alive an _	715	19 8	\$1. or	hat in (my) (our) apınıan	death acc	urred on the dyne	and hout on	d fram the car	
		22b. SIGNATURE	AD	Coese	el	1	DEGREE ATTENDING PHYSICIAN [MEDIC DIRECT	AL STAFF OR PHYSICIAN	X	DATE SI	187
		22d PHYSICIAN'S NA	D . (PATEL			6121 MO	NTR	OSE RI	Rac	1< NITT	EMO
П	23a B	LIPIAL CREMATION I	DEALOVAL	22h DATE	22, N	AME OF C	EASETERY OR CREATATORY	224 10	CATION	1		

VA..

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS IN 1 0 198/ 1170 ROCKVILLE PIKE; ROCKVILLE, MD 20852 UN 1 0 198/

DHMH - 16 60M 7/B4 (VRA 15, 4)

CW/3-

wel 0 i siut

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE KNOWN AND NELESCO. CONTROLL STREET, PAGE TOR YOUR FILES. IF FILED. WITHIN 72 HOURS R 201 W. PRESTON STREET, Catalina 10:45 Acierto 6 Μ. DEATH MATED PM 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 04EAR LAST BIRTHDAY) 10 PRONOUNCED Female Philipino 198 DEAD 83 0 TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 78 BIRTHPLACE (STATE OR NEVER MARRIED MARRIED FOREIGN COUNTRY) PACE NEW WIDOWED DIVORCED Philippines
10 CITY OR TOWN OF DEATH USA Montgomery II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY AND 3 TO AND 3 TO RETAIN FI HOULD BE 13112 New Hampshire Avenue Silver Spring Nurse 13a STATE 136. COUNTY 13c CITY OR TOWN 13d INSIDECITY LIMITS? 13e. STREET ADDRESS 13112 New Hamp, Avenue S.S Md Mont A HOURS AFTER DESCRIPTION OF STATE OF S 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST ANDDIE Munar Geronima Gregorio 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES! Amelia Acierto (Daughter) Same as 13E 549 78 5863 ICAL EXAMINER ALONG WIT A BURIAL-TRANSIT PERMIT. P. H AND MENTAL HYGIENE, DIV MATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF NINER: THIS CERTIFICATE SHOULD BE EXECUTED V FICATE, WRITING THE WORD "FENDING" IN PER E FORWARDED TO THE CHIEF MEDICAL EXAM TOR: PAGE 3 SHOULD BE USED AS A BURIAL-TI 1 THE STATE DEPARTMENT OF HEALTH AND MEN LAND, 21201 PRIÇR TO BURIAL, CREMATION, OI lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO A 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE CERTIFICATE, VEXECUTE THE CERTIFICATE, VEACUTE THE CERTIFICATE, TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE SIT, BALLTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autopsy Notural couses death resulted from: Accident Homicide ____ Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMMEDINAME Dr. John S. Roger 1919 Seminary Road S.S.Md. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria1 Md Rockville Mont. 6/6/87 Parklawn Cemetery 07/84 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md.

(VR A15 ME (5))

1987

JUN



executed within 24 hours after death. Page 4

certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the buriol-transit permit. Then please remove carbonappers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or ather troumatic event, the medical exe

		AND	

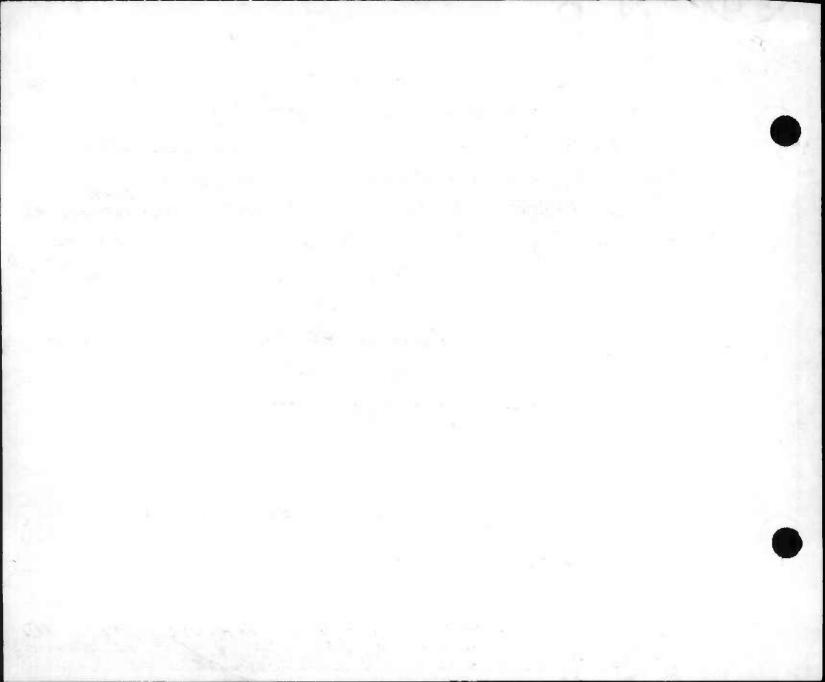
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	7	1	7	5	8
1	REG. NO.				- 7

L	-18	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	10	7 5 8 1	
ŀ	1. DEC	EASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEAR 26 HOUR	_
1	(TYPE	OR PRINT)	0:- 101	AI	1100 41		06	28 87 Una	-1.1
ŀ	3. SEX	CAK	4 RACE	S. DATE C	DE BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER TYEAR IF UNDER 24 MR	<u>m</u>
ı	J. JLA			MONTH		0.		MONTHS DAYS HOURS MIN	1.
A	7- 010	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	4	11 1895	9 BALTIMORE CITY O	YRS.	Y OF DEATH	-
-		OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	A A	<u> </u>	1.150	
4	14	ARYLAND	11. NAME OF HOSPITAL NURSH	WIDOWE		120. USUAL OCCUPAT	1501	12b. KIND OF BUSINESS C	ND.
4	10. CII	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST	OF WORKING L	INDUSTRY	/K
4	Re	DEFUILLE	ROCKVILLE N	URS	105	HOUSEINI	FE		_
	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	DE 20841	_
	14	D MOL	ITE BOYD	5	YES NO	16720	DAKI	DESTOWN R	1)
	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	
9	d	HAPLES	h WILLI	AMC	PRUDENC	4.000		WATERS	
1		AS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDR	720	DARNESTOND	R
ı	(4	ES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	7344	EHILY A DO	UNEY	POYI		,
ı		18 CAUSE OF DEATH (Enter on	nly one cause per line for (a) (b), or	ed (CL)	- THE THE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	_
1		PART I. DEATH WAS CAUSE	D BY:	dia -	rever to	a and	1	3001	
1		IMMEDIA	TE CAOSE (O)			1			_
		G496	DUE TO, OR AS A CONSEQU	IENCE OF	1 Fra 2	Harton	4	247	
		Conditions, if any, which gove rise to immediate	(b)	me ~		V			_
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF	10.4	· C		Leve	
			CONDITIONS CONTRIBUTING TO	arer	NOV DEL AVED TO THE YEAR	IN LAND DISCOURT OF COL	IDITIONIC	BYENI BADY N	_
	z	PART Z. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	. 0		ADITION GI	IVEN IN PART TO	
	CERTIFICATION	1% DATE OF OPERATION	11% CONDITION FOR WHICH	OPERATIO	WAS PERFORMED	180 AUTOPSY?	20h. IF VI	ES. WERE FINDINGS USED	-
Н	FIC.	INE DATE OF DEEDATION	in condition grant	CTEMPTINE	The state of the s		IN CERT	IFYING CAUSES OF DEATH?	
4	F	21a ACCIDENT WAS UNDERLYING	1 216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO		(ES NO D	-
)		OR CONTRIBUTING CAUSE OF DE	THOUSE A ME MONITHE	AY YEAR	ZIL TIOW INJOK! OCCOR	TENTER NATURE OF 1931	JKT IN TIEM TO	TART ORTARIZ	
	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE		19	100.171011				_
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC }	ZIE LOCATION STREET	CITY OR TO	OWN	COUNTY STATE	
	-	AT WORK NOT WHILE AT WORK					1	1	_
}		, ,	ital) attended the deceased from	- 7	5/, 19_58		28/	, 19, that (I) (we) la	ost
Ì		sow the deceased alive an obove, (1) (we) (did) (did no	at) view the body after death.	\$7.0	nd that in (my) (aur) apinion	death occurred an the o	date and ho	out and from the causes stated	
		22b. SIGNATURE	10	. 0	DEGREE	MEDICAL CT		22c DATE SIGNED	
		1011	White mee	2	ATTENDING PHYSICIAN	MEDICAL STA	ICIAN 🗌		
		22d. PHYSICIAN'S NAME THE	SK PROVES		22e ADDRESS				
	23a B	JURIAL, CREMATION, REMOVAL	. 23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			_
	- {	SPECIFY)	17-1-1987	MONIC	A Are V	REALL	1/11/1=	COUNTY STATE	7)
	24 PL	INERAL DIRECTOR	22111 BEALLS	VILLA	P. 250, DAT	E REC'D. BY REGISTRA			
	21	& HILTOR)	PARI) ECVILLE	1	1 70838 JUI	L U6 1987	y want	and grade and last and	
	1.12 1	TILL UN	Drin II I SVILLE		~		-1		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



05	69	93	
8	ge 4 moy be	ector, page 3 rs after death	
•	ours ofter death. Page 4 may be	by the funeral director, page 3 e fled within 72 hours offer death	3
1201	o suns	e fileo	7

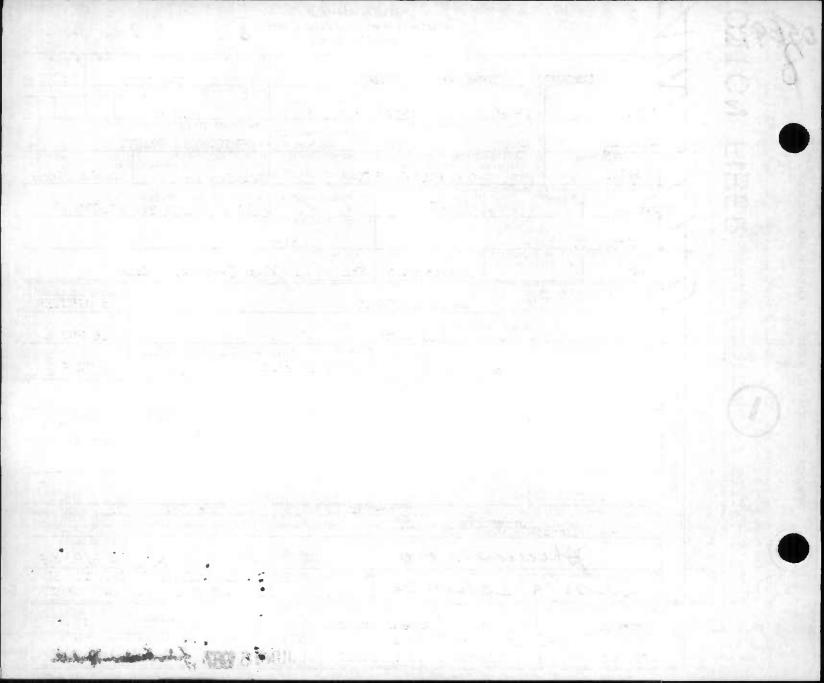
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

831	7	1	7	S	8	4
	REG. NO.					

CERTIF	ICATE OF DEATH	REG. NO.	dep				
AIDDLE E	AST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR				
INN GO ALL	EN	TUNE 10	1987 8:30P M				
		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
		24 YR	Mile.				
WHAT COUNTRY? 8.		9. BALTIMORE CITY OR COUN					
		MONTGOMERY CO	OUNTY MD				
	OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR				
	ENTER		Erols Video				
GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN LORTON	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CO	ODE 99999				
LAST	15. MOTHER'S MAIDEN NA		LAST				
		I. Ja	mes				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
228-15-9435	Thelma L. Al	len (Mother)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CARDIAC ARREST							
DUE TO, OR AS A CONSEQUENCE OF							
Conditions, if ony, which ((b) SEPTIC SHOCK							
gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF ACUTE LYMPHOBLASTIC LEUKEMIA, [IN RELAPSE, REFRACTORY TO THERAPY]							
		20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)				
FINJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	TS PART I OR PART ?)				
OF INJURY EET, FACTORY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
270. I certify that N (this haspital) attended the deceased from November 29, 19 84, to June 10, 19 87, that N (we) last saw the deceased alive on June 10, 19 87, and that in (N) (our) opinion death accurred on the date and have and from the causes stated obave, N (we) (did) NN NN view the bady after death.							
			22c. DATE SIGNED				
and he	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6-10-87				
0010061	ROCKVILLE PI	KE, BETHESDA, 1	MARYLAND 20892				
		23d LOCATION	. COUNTY				
		Alexand	lria Va.				
ADDRESS		E REC'D. BY REGISTRAFF 251 REC	HSTRAR'S SIGNATURE				
ngton, D.C.	20011 JU	115 1977	Author-Bylds.				
	ADDRESS ALL S DATE C MONTO OCTO WHAT COUNTRY? MARRIE WIDOWE HOSPITAL, NURSING HOBESS HE CLINICAL CE GIVE RESIDENCE BEFORE ADMISSION) LORTON LAST 166. SOCIAL SECURITY NO. 228-15-9435 LINE for (a), (b), and (c) CARDIAC ARRE R AS A CONSEQUENCE OF RELAPSE, REFR ENTRIBUTING TO DEATH BUT TION FOR WHICH OPERATIO FINJURY M. MONTH DAY YEAR M. 19 DF INJURY BET, FACTORY, OFFICE, FARM ETC.) THE COLONIES OF THE COLONIES O	ALLEN S DATE OF BIRTH MONTH DAY YEAR	ADDIES ALLEN ALLEN S DATE OF BIRTH MONTH DAY YEAR OCTOBER 15, 1962 WHAT COUNTRY? MARRIED DAY NOVER MARRIED MINOTEON MONTGOMERY COUNTY: WIDOWED DAY OR CED DAY OF MONTGOMERY COUNTY: WIDOWED DAY OR CED MONTGOMERY COUNTY: WIDOWED DAY OR CED DAY OR CED MONTGOMERY COUNTY: WIDOWED DAY OR CED DAY OR MONTGOMERY COUNTY: WIDOWED DAY OR CED DAY OR MONTGOMERY COUNTY: WIDOWED DAY OR CED DAY OR CED DAY OR MONTGOMERY COUNTY: WIDOWED DAY OR CED DAY OR CED DAY OR MONTGOMERY COUNTY: WIDOWED DAY OR CED DAY OR CED DAY OR MONTGOMERY COUNTY: WIDOWED DAY OR CED DAY OR CED DAY OR MONTGOMERY COUNTY: WIDOWED DAY OR CED DAY WIDOWED DAY OR CED DAY WIDOWED DAY OR CED DAY OR				

DHMH - 16 60M 7 B4



by the funeral director, page filed within 72 hours ofter

rs ofter death. Page

STATE OF MARYLAND FOR

- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 3	2	4		13	
/	3	1	-	0	0
REG. N	O.				100

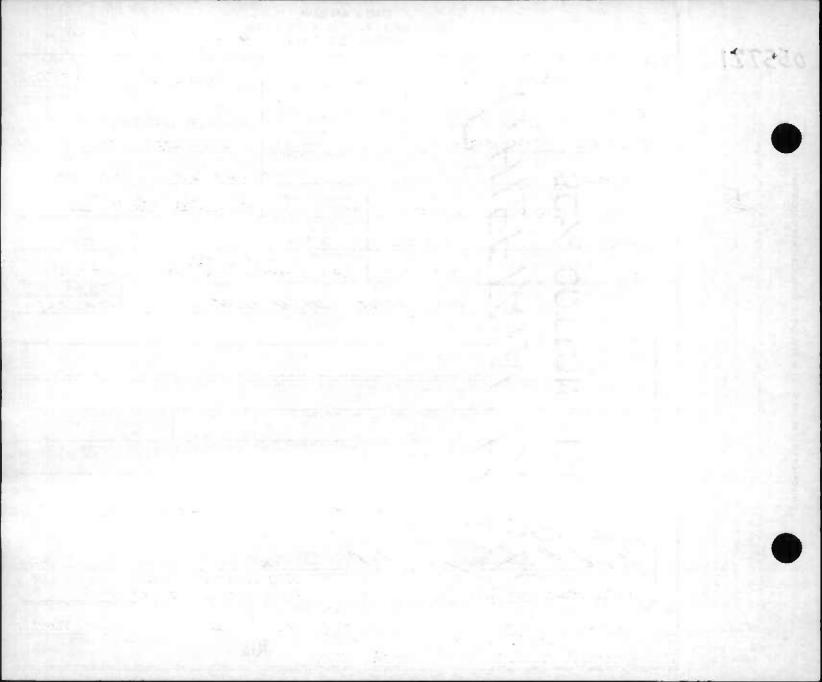
	REGISTRAR				CERTI	HCAIL OF D	EAIR	REG.	NO.		
	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26 HOUR
(Tree	CORPRINT)	Harri	ett	К.	A	11en		June	1, 198	37	3:00p
. SE	X		4. RACE		5. DATE	OF BIRTH		6 AGE (IN YEARS LAST		IF UNDER TYEAR	
	Female		Cauc	asian	Jan	uary 5,	1893	94	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE	OR FOREIGN	7b. CITIZEN O	F WHAT COU	VTRY2 8	ED NEVER M		9. BALTIMORE CITY		OF DEATH	
	Tenness	ee	United	States			ORCED	Montgo	mery Co	unty	M
0. C	ITY OR TOWN OF	DEATH		F HOSPITAL, N		OR OTHER INST	ITUTION	120. USUAL OCCUPA	ATION	126. KIND (OF BUSINESS OF
	Bethesd	a			erwall I	rive		Homemake		Own I	
⊌5U 13a. 5	AL RESIDENCE (IF I	TURSING HOME OF		N. GIVE RESIDENCE		1 13 d. 1NSIDE CI	TV HAAITS?	13e STREET ADDRES	S / 7ID CODE	0000	
N	Maryland		tgomerv		nesda	YES TX	NO 🗌	13e STREET ADDRES Clewerwa	ll Driv	$re/^{9}208$	17
4. F/	ATHER'S NAME	3,1	WIDDLE	LA	s _T		MAIDEN NAM			LA	
	Robert				ghter	En	nily	MIDDLE			ost
	WAS DECEASED EN		MED FORCES	16b. SOCIA	SECURITY NO.	17. INFORMAL	NI Charl	es E. AÍI	RESS		
ì	No		-	262-4	3-3327	9009 C	lewerwa	11 Drive	Bethesc	la,Mary	land
	18 CAUSE OF DE	ATH (Enter o	nly one couse p							APPRO) BETWEEN	ONSET AND DEATH
	PART I. DEATI		:D BY: TE CAUSE (o)_	MY	UCARDI	IAL IN	VIAKL	TIAN			12/25
			DUETO	OP AS A CON	SEQUENCE OF						
	Conditions, if a	ony, which	(16)	OK AS A CON	SEQUENCE OF						
	gove rise to	immediate	DUE TO	00.15.16011	SEQUENCE OF						
		use lost.	DUE TO,	OK AS A CON	SEQUENCE OF						
	PART 2. OTHER S	IGNIFICANT	CONDITIONS	CONTRIBUTIN	G TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	NDITION GIV	EN IN PART 1	01
ON											
CERTIFICATION	19a DATE OF OPE	RATION	196 CON	DITION FOR V	VHICH OPERATION	ON WAS PERFO	RMED	20a AUTOPSY?		, WERE FINDI	
TIF	10/12/07/01							YES NO		YING CAUSES	NO
CER	21a. ACCIDENT WAS			OF INJURY	H DAY YEAR	21c. HOW IN.	JURY OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM T8 F	'ART I OR PART 2)	
AL	OR CONTRIBUTING		416	P.M.	N DAT TEAT						
MEDICAL	21d INJURY OCC		21e. PLAC	E OF INJURY		211 LOCATIO	N	CITY OR		COUNTY	STATE
×	WHILE NO NO AT WORK AT	WHILE WORK	(AT HOME,	STREET, FACTORY, O	OFFICE, FARM, ETC.)	ZIKEET		CITYOR	IOWN	COUNT	STATE
	22a.1 certify that	(1) (this hosp	ital) attended	the deceosed	from / M	ABLH	19 77	_, to _/ JU,	NE	19 87	that (I) (we) los
	sow the dec	eased olive or	28 A	144	19 67.	and that in my	(our) opinion d	eoth occurred on the	date and hou	r and from the	couses stated
	226. SIGNATURE	e / (did) (più lic	view the bbc	oner deom.		DEGREE					SIGNED
	alsi	1 8.	2414.	unge	n M	1.0. A	TTENDING PHYSICIAN A	MEDICAL ST DIRECTOR PHYS	AFF SICIAN []	Tune	2,1987
	22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e. ADDRESS		Wisconsin			2,1701
	David	Luthri	nger M.	D.				Chase, M			
23a. E	BURIAL, CREMATIC				23c. NAME OF	CEMETERY OR C		23d. LOCATION	ar y zaza	1 20013	
	(SPECIFY) Buria	1		4,1987		emorial		Miami		Dade	Florid
24. FI	JNERAL DIRECTOR	Rober	t A. Pu	mphrey	Funeral	. Home/	25a. DATE	REC'D BY REGISTR	AR 256 REGIST	RAR'S SIGNA	TURE
755	NERAL DIRECTOR	Bethe	sda-Che	vy Char	Mary I	nd 2081	4	UND 198	1 5	and the great	Landadas
, ,,	,, HITOCOLI	11V	orrec ne	ciicoua.	, rmray To	TIG ZUUL	т				

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camp should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 an with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

retained by the haspital or attending physician. HOSPITAL OR ATTENDING PHYSICIAN: The

BP.



						STAT	E OF MARYLAND					
11 23 8	1	FOR STATE REGISTRAR			DEPART		HEALTH AND MENTAL FICATE OF DEATH	HYGIENE 8	REG. NO.	17	58	-
		CEASED NAME	FIRST	Pasquale	MIDDLE	4	LAST Altimont	2a. DATE	OF DEATH MONTH		2b. HC	
	Ĺ	10	590	13/6		Alt	IMOUT		June	14 11	187 12	20 A
	3. SE	X		4. RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1	YEAR IF UND	DER 24 HRS
	0	Male		Cduc	45124	JU	1 /	35	91	RS. MONIHS	JAYS HOURS	WIN.
317	7a. B	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MAPP16	D NEVER MARRIED	9 RALTIA	AORE CITY OR COL	UNTY OF DEAT	TH C	
1/		Italy			S.A.	WIDOW	ED NORCED		loutgor	nery	Co	^ MD.
X)	100	O CA OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION		AL OCCUPATION ORK FOR MOST OF WORK		ND OF BUSIN	VESS OR
7		Bethesda	-	Bert		•	out ever Worsing H	me Pr	esident	Tile/	Marble	Co.
35	13a.	AL RESIDENCE (IF NUR STATE MD		tgomery	13c CITY OR TOV	/N	13d. INSIDE CITY LIMIT	S? 13 STREE	I ADDRESS / ZIP O	ill Rd.	/20815	5
	14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME				
0		i is 31	U	nknown	LASI		FIRST	Unl	known		LAST	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT		A7703	Granada	Drive	9
		Yes	WW		579-01-	6027	Albert J.	Altimo	nt, Bethe	sda. MD		
		18 CAUSE OF DEAT	H (Enter or	ly one couse per					4	BETV	PROXIMATE INT	
		PART I. DEATH V		D BY: TE CAUSE (a)	Cereb	rov	as cular a	ccide	ct		3 das	
	2			DUE TO, O	R AS A CONSEQU	ENCE OF		1		0.1		
		Conditions, if any	, which	(b)	cere	6001	atheros	cleros	15	9	edr	2
		couse (a), statis	ng the	DUE TO, O	R AS A CONSEQU	ENCE OF						
1		underlying cause		((c)					-			
	z	PART 2. OTHER SIG	NIFICANT (01		1	NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITION	GIVEN IN PAR	RT 110	
	CERTIFICATION	19a. DATE OF OPERA	TION ,		CONTACTO		IN WAS PERFORMED		therosclorut	IF YES, WERE FI		50
i	IFIC			176. 00140	INCITION WINCH	O' EKATIC	TO ASTERIORNED	700 AO	INC	ERTIFYING CAL	USES OF DEA	ATH?
Jan San	ERT	21g. ACCIDENT WAS UN	DERLYING [7 21b. TIME O	FINJURY		21c. HOW INJURY OC	CURRED (ENTER	NO Z	YES	NO NO	
9		OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH D			/ Elaige	On anyon wells			
1	MEDICAL	(IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR		21e PLACE		19	21f. LOCATION			_		
4	ME	WHILE NOT WI	HILE []	(AT HOME STE	REET, FACTORY, OFFICE, I	ARM. ETC)	STREET		CITY OR TOWN	COUNT	Y	STATE
		220. I certify that #1	VH	m) ottended th	e decensed ton-	J	14 22 10	8L	JUNE 1	4. 10 6 7	4)4	
		sow the deceas	ed alive an	June	13 19	0.11	nd that in (pg) (our) opi	nion death occur		hou and from	, that en	(we) lost
		22b. SIGNATURE	did) (did no	t) view the body	ofter death.		DEGREE				DATE SIGNED	
		me	Pela	(0-	Mary	er-	FOR ATTENDIN	G MEDICA	L STAFF	1	14-1	7
y .		22d, PHYSICIAN'S N	AME (TYPE C	R PRINT)	1000		22e ADDRESS	N W DIRECTO	R PHYSICIAN			
		Joseph			MeD. for		1040 1040		reorgeto	un Roa	O. Bet	Hesde, M
IMPORTANT	23a E	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	236. DATE 6/17/			f Heaven Ce		CATION Silver	Spring,	MD	STATE
/84	24. Ft	INERAL DIRECTOR	Јовер	h Gawler	's Sons,	Inc.	25a		REGISTRAR 256 RE	GISTRAR'S SIG	NATURE -	
	5.	130 Wiscon	sin A	ve, NW, Wa	shington	,D.C.	20016	JUN 2	2 1987	ulia Dione	dern-Kon	dally
1	=											

.co election which the discourt and the co. Nontgomeny thery thuse it 6720 Janua (111 36./10815 MONTH. Tes I Francis Mineral Alainon, astinone, as 20317

CH . Sairt S tower Manten Description of Strain .company and areas on the The Masonair ave, N., Namineton, ...

000000

evia sure

FOR

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

1. DECEASED NAME

REGISTRAR

FIRST

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

MONTH

2b. HOUR

12h KIND OF BUSINESS OR

HEALTH CARE

IF UNDER I YEAR

INDUSTRY

STINE

MINUTES

2YEARS

COUNTY

87

20016

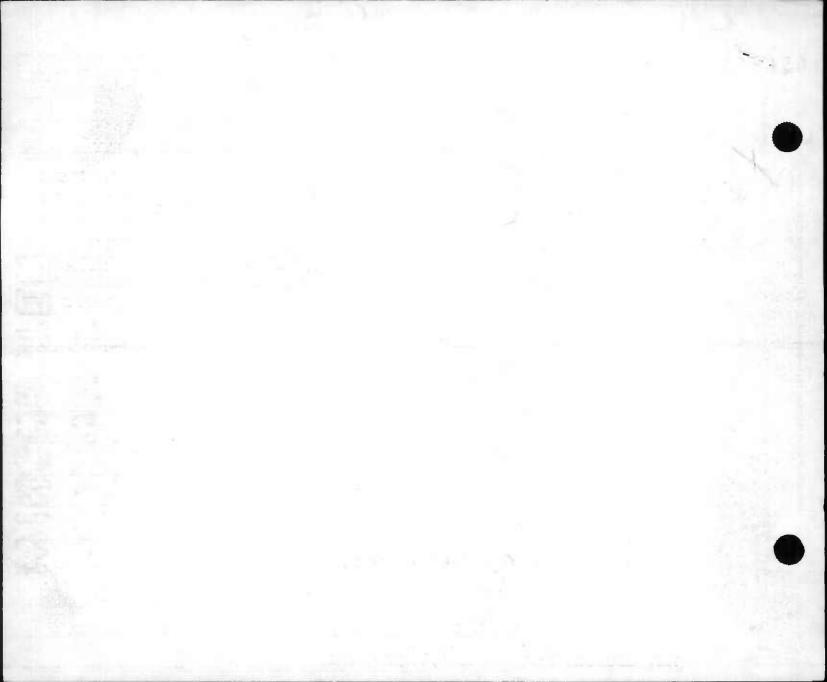
TO THE PEC O BY REGISTRANCES HEGISTRANS SHOWATURE

22c DATE SIGNED

June 23,1987

STATE

CERTIFICATE OF DEATH



05.8

4 moy be

STATE OF MARYLAND

DEDARTMENT OF BEALTH AND MENTAL BYCIENE

10	3
64	
_	
	RE

	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	8	REG. NO	D	1 0	0 0
		CEASED NAME FIRST	her	M	An	live Son	20. DATE OF	DEATH	MONTH 7-	87	26. HOUR 5
	3. SE)	× > 7	4. RACE	IVI •	5. DATE C	OF BIRTH	6. AGE INY	EARS LAST BIRT	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Vemale	Can		MONTH	18 1895	91		YRS.	MONTHS DAYS	HOURS MIN.
/		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D D MEVER MARRIED	9 BALTIMO	RE CITY O	RCOUNT	Y OF DEATH	
		llinois	u,	5	WIDOWE		M	ON	+90	omer	1 MD.
1	iù.C	ON OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL (BUSINESS OR
4	1	akoma Park	Heri	taye H	ealt	y careconte	Homen				
1	13a. S	AL RESIDENCE (IF NURSING HOME OF	VTY	13c. CITY OR TOWN	V	13d. INSIDE CITY LIMITS?	13e.STREET A				20912
			gomery	TAkoma F	rk.	YES X NO		Carro	ree A	ve. Apt	907
5		THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	MIDDLE		LAS	र
100	_	Iulius A.		Johanne		Julia				John	
			MED FORCES? (E WAR OR DATES)	166 SOCIAL SECUI	1011-7	17. INFORMANT				roll Avi	
		No		D/4-16	5161	Gertrude P.	Bowen	TK.	Prk.	Md. 209	912
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly ane cause per	line far (a), (b), and	l (c).)	()				BETWEEN	MATE INTERVAL ONSET AND DEATH
			TE CAUSE (a)	ischem	1,0 /1	ent dus	مد				
1			DUE TO, OF	R AS A CONSEQUE	NCE OF						
		Conditions, if ony, which	(b)								T 1655
		gove rise to immediate couse (a), stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF						
		underlying couse last	(c)								
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CON	PITIONS	VEN IN PART TO	1
4	O.	Orchad	Masa	word	عما	ose, causast	- 4	200	to	ullu	0
1	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED &	20a AUTO	PSY?	206 IF YE	S, WERE FINDIN FYING CAUSES	
4	RTII	ACCIDENTAL MARKET FOR	7 100 70050	C IN LIVERY		14) 110000000000000000000000000000000000	YES	NO		ES 🗌	NO 🗌
ì		216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTERNA	TURE OF INJUR	Y IN ITEM IB	PART OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE			19						
1	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM. ETC.)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		ANTIGE MOT ANTIGE									
						19.7		88		78.77	
		22a. certify that (1) This hospi	1 . 1	e deceased from_	1-10	, 17	, to	-27		19.37	that (I) (Ce) ast
		220.1 certify that (1) This haspi	11-01	19	87, ar	nd that in (my our) apinian a	, to death accurred	-27 d an the do	ite and ho		
		22a. certify that (1) his hospi	11-01	19	87, ar	nd that in (my) our) apinian o	,			19	
		22a. I certify that (1) this hosping with the deceased above on ubove. (1) See Find (3) did no	t) view the body	19	87, ar	DEGREE ATTENDING PHYSICIAN	death accurred	STAF	F		
		220.1 certify that (1) This haspi	t) view the body	19	87, ar	DEGREE ATTENDING	/MEDICAL	STAF	F		
		22a. I certify that (1) this hospital the second alive and the second alive alive and the second alive alive and the second alive alive alive alive alive alive and the second alive al	to -10	after death.	87. ar	DEGREE ATTENDING PHYSICIAN 1726 ADDRESS 12520 Prospe	MEDICAL DIRECTOR	STAF PHYSIC	F IAN 🗌	22, DATE	
		22a. I certify that (1) this hospital and the process of alive and	to -10	after death.	87. ar	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL DIRECTOR	STAF PHYSIC	F IAN 🗌	22, DATE	SIGNED 27-1987 1d.
	ć	226. I certify that (1) this hospital that the ceased live and above (1) the field (3) did not 22b. 22d. Phis lans name (1) the field (3) did not 22b. 22d. Phis lans name (1) the field (3) did not 22b. 30URIAL, CREMATION, REMOVAL SPECIFY) 2 remation	23b. DATE June 2	23c N	MAME OF C	DEGREE ATTENDING PHYSICIAN 27e ADDRESS 12520 Prospe EMETERY OR CREMATORY OLITAN	MEDICAL DIRECTOR 23d. LOCA CITY ALOX	STAF PHYSIC 7. #10 ITION PRIOWN ANDRE	ian□	Spr. A	SIGNED 27-1987 1d. STATE Va.
	ć	22a. I certify that (1) this hosping the decreased live and above. (1) See Hind (3) did not 22b. See Live 1) The Line (1) See Live 1) The Live 1)	23b. DATE June 2	23c N	MAME OF C	DEGREE ATTENDING PHYSICIAN 127e ADDRESS 12520 Prospe EMETERY OR CREMATORY Office	MEDICAL DIRECTOR 23d. LOCA CITY ALOX	STAF PHYSIC 7. #10 ITION PRIOWN ANDRE	ian□	22, DATE	SIGNED 27-1987 1d. STATE Va.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

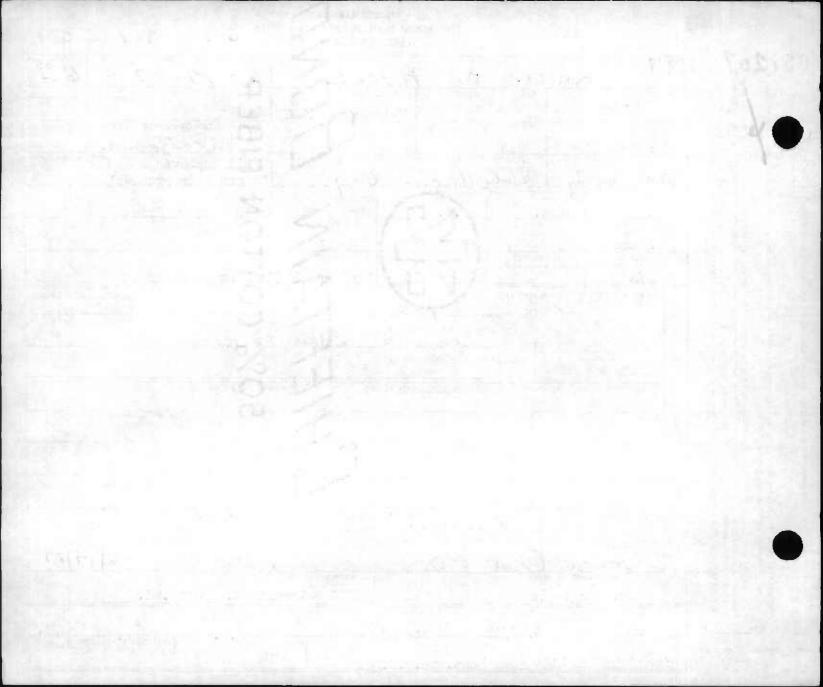
TO HOSPITAL OR ATTENDING PHYSICIAN, The

injury, ar ather traumotic event, the

PORTANT. If hem 21 is marked or should be deteched for use or TO FUNERAL DIRECTOR.

You ten! Mantgometur Takend Feb. 12 7651 Caronal Auc. April 07 Johnson Julia Josephann Josephann Josephann Johnson TOST TENANTS AND TO COME TO THE TENANTS AND THE STATE OF 1957 Consugation is this till fine, the all Carantion law 18, 1837 Mathon Science Carantion II. Colorina Statement Colorina Militaria Society Militaria

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE OF DEATH MONTH DAY 2b HOUR LIYPE OF FRINTS Aiser 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR F UNDER 24 HRS 3. SEX Male MONTH White February 6,1922 BALTIMORE CITY OR COUNTY OF DEATH 10. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Palestine USA WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH Export & Import Sales USUAL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION 138 STATE 136 COUNTY IVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md. S.S. 3815 Ferrara Drive Mont. YES NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Angel Antone Hanah Ativa WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 340 66 0168 Hani Angel (Son) Same as 13E popers. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OF TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC] morked WHILE NOT WHILE J-10 June 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased olive on above, (I) (we) (did) (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated hould be detached with the State Dept. 22b. SIGNATURE DEGREE 22c. DATE SIGNED 0 ATTENDING MEDICAL STAFF 87 COVE PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 6525 Belcrest Rd. Hyatts.Md. Dr. George Orr 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY STATE Buria] Md. 6/20/87 Gate of Heaven 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR S GIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Hines/Rinaldi 11800 New Hamp. Ave. S. S. Md (VRA 15, 4)



4 -	FOR		DEPARTM		E OF MARYLAND HEALTH AND MENTAL HYO	SIENE (O 7	4	7 :	9 9
00	- STATE OREGISTRAR				ICATE OF DEATH	9		-3	0 0
1. DE	ECEASED NAME FIRST		MIDDLE	l	LAST	REG. NO		AY YEAR	2b HOUR
(TYPE	PE OR PRINT) Ruth	T	Λ.	ים למת	white				7.45
3. SE		14. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		2, 1987	IF UNDER 24
3. 32.				MONTH	H DAY YEAR		MO	ONTHS DAYS	HOURS .
70 RI	Female BIRTHPLACE (STATE OR FOREIGN		what COUNTRY?	Jan	. 31, 1892	95	YRS.	DEDEATH	
	Alabama	U.	S.A.	WIDOWE		9 BALTIMORE CITY O	ery	1	
F	Bethesda	Subu	rban Hosp	ital	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Homemakes	F WORKING LIFE)	126. KIND OF INDUSTRY Own	
13a. S	STATE MD MONT		13c. CITY OR TOWN Bethesd		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS	zip code	ive/208	17
14. FA	ATHER'S NAME Clayton Cr	awford	Davis	5.8	15. MOTHER'S MAIDEN NA Willie	Lee MIDDLE		Seroye	r
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRE	SS		
((YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	428-92-7	073	Charlotte A	. Pipher, Sa	ame add	dress a	s #13
	Conditions, if ony, which gave rise to immediate	(b)	Pelvic ma						
IFICATION	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	(c)CONDITIONS CO	R AS A CONSEQUEN	NCE OF		20a AUTOPSY?	20b. IF YES, IN CERTIFY	N IN PART 110 WERE FINDING ING CAUSES C	F DEATH
CERTIFICATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	CONDITIONS CO	R AS A CONSEQUEN ONTRIBUTING TO DE ITION FOR WHICH C	NCE OF	NOT RELATED TO THE TERM	206 AUTOPSY? YES NO 🔀	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	GS USED
AL CERTIFICATION	COUSE (0), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DI	CONDITIONS CO	R AS A CONSEQUEN DINTRIBUTING TO DE ITION FOR WHICH C F INJURY M. MONTH DAY	EATH BUT DPERATIO	NOT RELATED TO THE TERM	206 AUTOPSY? YES NO 🔀	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	GS USED DF DEATH
MEDICAL CERTIFICATION	COUSE (0), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING.	CONDITIONS CO	R AS A CONSEQUEN ONTRIBUTING TO DE ITION FOR WHICH C F INJURY M. MONTH DAY M.	EATH BUT DPERATIO Y YEAR 19	NOT RELATED TO THE TERM	206 AUTOPSY? YES NO 🔀	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	GS USED DF DEATHS
	PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE	CONDITIONS CO	R AS A CONSEQUEN ONTRIBUTING TO DE ITION FOR WHICH C F INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FAR e deceosed from	NCE OF EATH BUT DPERATIO (YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET	200 AUTOPSY? YES NO E RED (ENTER NATURE OF INJUI CITY OR TO	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAI	WERE FINDING ING CAUSES COUNTY	GS USED OF DEATH: NO STAI
	COUSE (01), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hosp sow the deceased alive a obove, (1) (we) (did) (did 22b. SIGNATURE	CONDITIONS CO 19b. CONDIT	R AS A CONSEQUEN DITION FOR WHICH C ITION FOR WHICH C IF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FAR e deceosed from	OPERATION (YEAR 19 RM.EIC)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET , 19 44 and that in (my) (off) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED CITY OR TO deoth occurred on the do MEDICAL STAF	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAR	WERE FINDING ING CAUSES COUNTY	STAIL
MEDICAL	COUSE (01), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI (IF ETITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this host sow the deceosed alive on obove, (1) (well) (did in the county).	CONDITIONS CO	R AS A CONSEQUEN ONTRIBUTING TO DE ITION FOR WHICH CO IF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FAR THE 21 19 ofter death.	OPERATION YEAR 19	21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 84 10 d that in (my) (607) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO RED CITY OR TO deoth occurred on the do MEDICAL STAF	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PAI www	WERE FINDING CAUSES C COUNTY Ond from the co	STAIN (I) We obsess state

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C.

BP.

TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the burial-transit permittiff the State Dept. of Health and Mental Hygietie pr

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital or attending physican in by the funeral director, page 3 filed within 72 hours ofter death

executed within 24 hours ofter death. Page 4 may

ethiculture de cius Sed 5 he etite 20.0 andels Tubrarban Found tell Alto verify new medicada w sinten river coll respond to boil skill sive browsel motyell --- 926-92-707" Emriotte 2. Einler, mae aldreen as Mis. janim offici . Bes a gomeration of view

. no.24 , mean plate

oo , con de vige de con , con

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages a and 2 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather troumatic event, the m

mis be noutled

057252

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

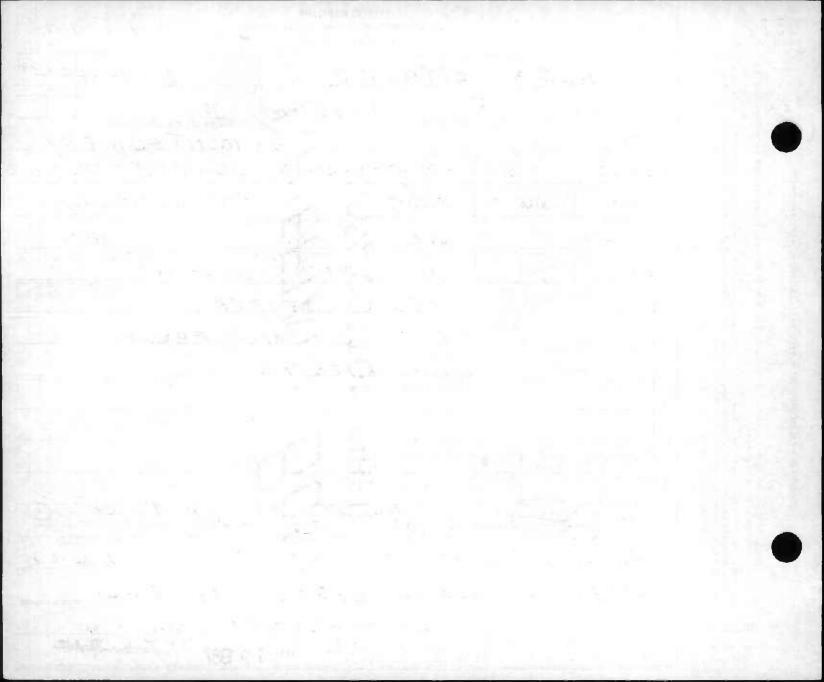
CERTIFICATE OF DEATH

	P. Carlo	1	2	8	4
G. NO.					4

-	20-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	0 /	EG. NO.	7 5 8	4
		CEASED NAME FIRST A LE	X	APTA	KE	AST R	2a. DATE OF DE		9-87	26 HOUR P
	3. SEX	MALE	CAUCAS	IAN	5. DATE O		6 AGE (IN YEARS	LAST BIRTHDAY] YRS	MONTHS DAYS	HOURS MIN.
7	(POLAND		WHAT COUNTRY?	WIDOWE		mo	VTG	OME	RY. MD.
)	RO	CKVILLE	HEBREW	HOME OF G	REATE	R WASHINGTON	SELF-	MPLOYEL	DIFE) 126. KIND OF	I DRIVER
1	MA MA		GOMERY	134. RUCKUTL	LE	13d. INSIDE CITY LIMITS?		PRTROSE°	ROAD/ 20	852
1		ABRAHAM	NIDDLE	APTAKE		15. MOTHER'S MAIDEN NAM SÖPHIE	M	DDLE	FREU	
/	16a W	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (1F YES, GIVE VES WW	WAR OR DATES)	102-14-4		17 INFORMANBROTHE CY APTAKER::		ARTLET S		
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	y one cause per BY: CAUSE (a)	SEP	5/5	SEVI	ERE.		BETWEEN O	NATE INTERVAL NSET AND DEATH
	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT C	(b)	RAS A CONSEQUE RAS A CONSEQUE Se ve re Ontributing to d	My NCESE	OCOLYDIAL MENTIN NOT RELATED TO THE TERMI	•	E A RTI		
1	CERTIFICATION	190. DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTÓPS	IN CER	TES, WERE FINDING TIFYING CAUSES O YES [7]	
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA- (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURRE			8 PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME STR	OF INJURY BEET, FACTORY, OFFICE FA	RM, ETC }	211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
		22a.1 certify that (1) (this hospit saw the deceased alive on abave, (1) (we) (did) (did not	Juni	9 108	706 + , an	d that in (my Our) opinian d		n the date and h		hat (I) (we) Just ouses stated
1		226. SIGNATURE	alf.	of,	m	ATTENDING PHYSICIAN 4	MEDICAL DIRECTOR []	STAFF PHYSICIAN []	6-10	3-87.
	73n R	LORETO BURIAL, CREMATION, REMOVAL	5 . A	718100		6/2/ MI	123d LOCATIO	ROSE	R.D.	
	(BURIAL	6/11/	87 KIN	G DAV	ID MEM. GARDE	N FALLS	S_CHURCH	FAIRFAX	VA.
	24 FU	INERAL DIRE DANZANSKY 1170 ROCKVILLE	-GOLDBE PK,: RO	RG MEMORI CKVILLE,	AL CH MD 20	APELS 250. DATE 111N 1	9 1987		Macon Hond	R

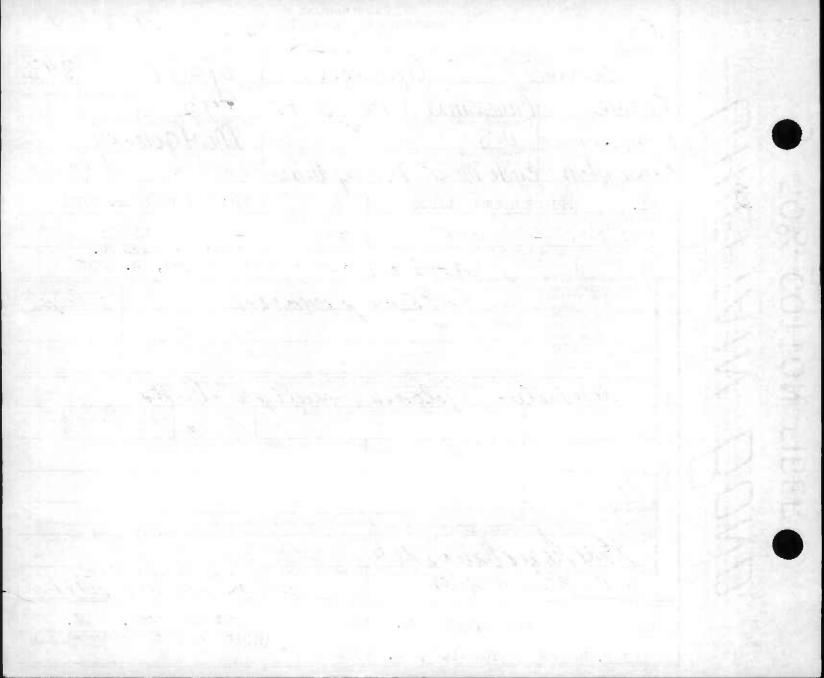
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



₹ 1	
_	-
0	
=	
2	7
2	8
4	3
5	1
~	
⋖	
Σ	
ui'	
~	
Š	
<	
-	
×	
-	8
10	
3	
ô	
Ĕ	
E S	3
8	
	H
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
=	Э
20	
vi.	
0	
0	
Ö	
W	٦,
=	
×	:4
=	15
14	8
ō	4
Z	Я
0	
22	3
>	à
<u> </u>	1
	H
	g
	B
	ú
	H
	A PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF T
-	ß
	Ĥ

	1	STATE OF MARYLAND
720 JUN -	318	FOR Item # 5, 6. Film #628 IVI DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 7 5 9 0 STATE REGISTRAF/87 CERTIFICATE OF DEATH ARROWOOD REG. NO.
200		CEASED NAME FIRST BERTHA MODER. LAST ARTHUROUS TE DATE OF DEATH MONTH DAY YEAR 22 HOUR
3 45	1	Bertha) (http://www.
6 6 6	J. SE	
durante /	I	RIHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? &
1/	A	TENN. U.S. MARRIED NEVER MARRIED MONTGOMERY MD.
11.90	10, C	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 170. VIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) NURSING HOME
7	UsU in	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 130 COUNTY 130 CITY OR TOWN 131 INSIDE CITY LIMITS? 13e STREET ADDRESS / 7IP CODE
10	1	
1/6	5	MATT EVANS LAST DORA FIRST - MIDDLE (UNKNOWN) LAST
1	16a.	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 5911 ANDREAS DUSEN Rd.
Pop Pop	1	NO 237-10-1916A Jimmy Arrowood Laurel, Md. 20707
240		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN COMET AND DEATH
Add the same		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) EXPERIMENT APPRICABLE 3 days
ing ing		
The contract of the contract o		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (1b)
# 10 fp f		gave rise to immediate
4 2 3 4		cause (a), stating the UNE TO, OR AS A CONSEQUENCE OF underlying cause last.
B 20 P		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LEGIMINAL DISEASE OR A DISTARLAND GIVEN IN PART I TO
phi	z	TART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DEMINAL DISEASE OR SITTED TO THE DEMINAL DISEASE O
1000	1 E	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 106 AUTOPS V 206. IF YES, WERE FINDINGS USED
5888	CERTIFICATION	IN CERTIFYING CAUSES OF DEATH?
2269-	E	218, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 21
3 9 ± 00	1000	210. ACCIDENT WAS UNDERLYING TO 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)
111 M	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
10000	MEDICAL	216 INJURY OCCURRED 210 PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE FARM, ETC.] 211 LOCATION STREET CITY OR TOWN COUNTY STATE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	NOT WHILE AT WORK
4 10 1		228 I certify that (I) (this hospital) attended the deceased from
225 5		saw the deceased alive an
2 P 1		22b. SIGN THE DEGREE 22c. DATE SIGNED
With the part of t		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
FONE PORTA		122d. PHYSICIAN'S NAME (TYPE OR PRINT) B.N. ROSENBAUM 122e ADDRESS 57 20 FARRAGUT AUE. KENSING YOU MI) 20181
24131	23a.	JURIAL, CREMATION, REMOVAL 1236, DATE 1236, NAME OF CEMETERY OR CREMATORY 1236, LOCATION
		BURIAL June 4,1987 MT. CARMEL SUNSHINE MONT. MD.
H 14 4044 7 /7 /		JNERAL DIRECTOR 250, DATE TO REGISTRATS SIGNATURE
(VRA 15, 4)	М	URIEL H. BARBER LAYTONSVILLE, MD. 20879
	I V	JULIER II. DARIBBIT MILIONOVIERE, 12. 2001)



05834

signal by the attending physician and campletely filled in by the funeral director, page 3 min places remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death or my cremation, at remandl.

mental in the death certificate be executed within 24 hours after death. Page 4 may be

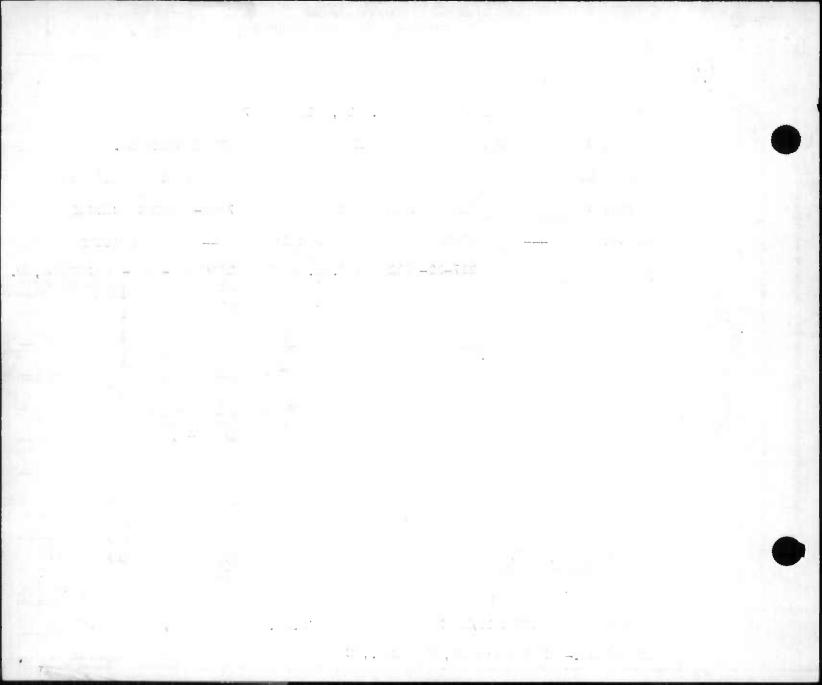
ATTENDING PHYSICIAN, The low

etained by the haspital or attending physician

BP.

1			STATI	OF MARYLAND				
1	FOR - STATE	DEPAR		EALTH AND MENTAL HYGI ICATE OF DEATH	0	1 /	2	7
1	REGISTRAR	MIDDLE		AST	REG. NO	NONTH DAY	YEAR	2b HOUR
	PE OR PRINT) CA HER		AST	Kew	June	16 19	87	706
3. S		4. RACE	5. DATE C		6 AGE LIN YEARS LAST BIRT	HDAY) IF UNI	DERIYEAR	IF UNDER 24 HRS
	FEMALE	WHITE	AUG.		7 8	YRS		HOURS MIN.
7a. 6	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF D	DEATH	
5	MARYLAND	USA	WIDOWE		MONTGO	MERY CO.		MD.
10 (CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION		L KIND OF	BUSINESS OR
	ROCKVILLE	Shady Corov	e Hal	lentist Hosp	HOMEMAK		AT HO	ME
130	UAL RESIDENCE IF NURSING HOME OF STATE 136 COUR MARYLAND Anne	NTY Arund GLEN BE	NWO	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /		CIRCLE	1061
14. F	ATHER'S NAME			15 MOTHER'S MAIDEN NAM	MIDDLE		LAST	
	WILLIAM C	SYKES SYKES		RICKIE		REIN		
160.	WAS DECEASED EVER IN U.S. AF			17_INFORMANT	ADDRE			
	(YES, NO OR UNKNOWN) (IF YES, GI	217-32-	8742	REV.DR. RICH	ARD REICHAR	D- NLH-		
\		nly ane cause per neftar (a), (b).	andicij	1 1 1.		I	APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
		ED BY: TE CAUSE (b) LUNCO	tulmi	nor Deparem	is		Clair	to
		DUE TO, OR AS A CONSEC	DUENCE OF					
	Conditions, if any, which	(b)						
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF					
	underlying cause last.	(c)						
٧.		CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN IN	PART 1:a	
CERTIFICATION		196. CONDITION FOR WHI	CI OPER TIO	ALLWAS DEDECTOR	20g AUTOPSY?	20b. IF YES, WE	RE EINDIN	GS LISED
√ §	190 DATE OF OPERATION	196. CONDITION FOR WHI	CHOPERATIC	IN WAS PERFORMED		IN CERTIFYING		OF DEATH?
4 2	a contrata de la contrata del contrata del contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata del contrata del contrata de la contrata de la contrat	216. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO W	YES T	OR PART 21	NO []
	OR CONTRIBUTING TO CAUSE OF DE	LICUR AM MONITH	DAY YEAR	THE HOW HOSEKI OCCOM	(ENTER INVIORE OF INJU	CONTRACTO I AMERICA	0,11	
₹	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19	211 LOCATION				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK			2 400	ant 1	4	91	
1		ottol attended the deceased fra	MAY	nd that in (my) (aux) opinion	don'th resussed an the di	to and hour and	d from the	hat (I) (we)-lost
- 1		ar riew the body after death.	, a		dedin occurred on the or	The drid noor drie	22c DATE S	
1	22b. SIGNATURE	D. D. 111	1	DEGREE ATTENDING	MEDICAL _ STA	_ ()		i c A
_	I wmp to	Debouy, Mr		PHYSICIAN	DIRECTOR PHYSIC		ne 16,	171-
		OR PRINT)		22e ADDRESS 1790		Allen	.63	2
	Thomas E.	Dobley, MM		CLNU	y, marcy L	mi)	0/3	0
230	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN ELKRIDG	E MAT	RYLANI	STATE
L	BURLAL	JUNE 19/1987	MEADOW	RIDGE MEM.PK.	ELKKIDG			
24	FUNERAL DIRECTOR	300 N STREET , TW	S WASH	DG	DOSTO A	Janes .	DIGNAL	UKE.
	MIDOMA CO - TO	DOO IN DIVIDED 'IM	TILLEGILL	· 1	A 1001 - 1000	Lames all the	- Keerthan	

DHMH - 16 60M 7/84 (VRA 15, 4)



filled in by the funeral directar, page 3 ould be filed within 72 hours after death

. 2		FOR
1	-	STATE
		DECISTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	. 1	1	7	- 4	4	2
4	1	ii .	1	9		Gran
	REG. NO.					819

	REGISTRAR			CLICITI	ICATE OF DEATH	REG. N	O.		5.07
	DECEASED NAME FI	CLIFF A	TKINSON		RAST	JUNE 21 1	987	YEAR	1:07 A
3.	SEX MALE	4. RACE CAUCA	STAN	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
70	BIRTHPLACE (STATE OF FORE		WHAT COUNTRY?	8		7 2	R COUNTY OF	DEATH	
1	ALABAMA		STATES	WIDOWI	ED NEVER MARRIED DIVORCED	MONTG			MD.
1	BETHESDA	(IF NOT IN SU	NAVAL HOS	DORESS) PITAI	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O RETIRED	F WORKING LIFE)	INDUSTRY	S.M.C.
V	IRGINIA F	HOME OR OTHER INSTITUTION COUNTY CAIRFAX	13c. CITY OR TOWN MCLEAN		134. INSIDE CITY LIMITS?	13e STREET ADDRESS A		9221	1999
1		ATKINSON,			15. MOTHER'S MAIDEN NAM	MIDDLE		ALEY	51
116	WAS DECEASED EVER IN L	J.S. ARMED FORCES? YES GIVE WAR OR DATES) 936–1967	420-52-		GENEVIEVE E.	ATKINSON,		EMON R	ROAD,
Г	18 CAUSE OF DEATH IE PART I. DEATH WAS	CALICED DV			MCLEAN, VA	22101			MATE INTERVAL ONSET AND DEATH
		MEDIATE CAUSE (0)	MULTI ORGA	AN SY	STEM FAILURE/	SEPSIS (CLI	NICAL)		
140	PART 2. OTHER SIGNIFIC	ote the ost. DUE TO, O	DIVERTION AS A CONSEQUE	NCE OF	ABCESS NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	0.
CEDITION OF	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	
	0.000,000,000,000	E OF DEATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2]	
AACOICAA	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (I) (thi saw the deceased a above, (I) (we) (did)	70 70 70 70	E 21 10 8	7.7	AY 28 19 87 and that in (my) (our) opinion of	, toJUN death occurred on the do	, 17.		that (I) (we) lost couses stoted
	226. SIGNATURE	Win MI	harts 1.	nD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FIAN	6/2	3/87
	228. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS NAVA	L HOSPITAL		/	/
L	F.M.MARTIN	,LCDR,MC,U	SNR			ESDA, MD 20	814-501	1	
23	BURIAL, CREMATION, REA				EMETERY OR CREMATORY	23d LOCATION			STATE
	BURIAL	June	24,1987 AF	RLING	TON NATIONAL		ARLIN	GTON,	VA.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detoched for use as the buriof-transit permit. Then please remove corbon papers. P with the State Dept. of Health and Mental Hygiene prior to buriof, cremotion, or remaval.

tained by the hospital or ottending physicion.

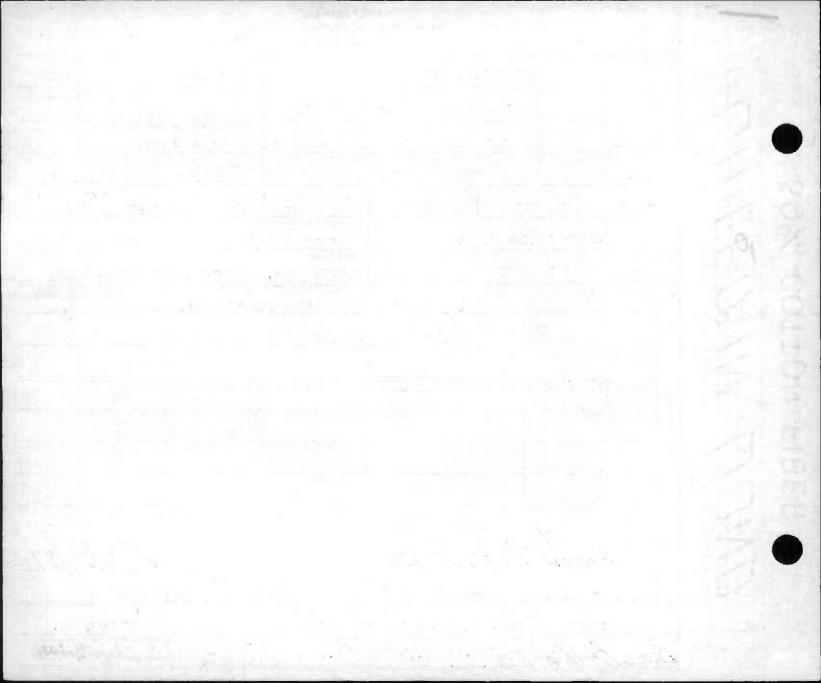
BP

injury, or other troumatic event,

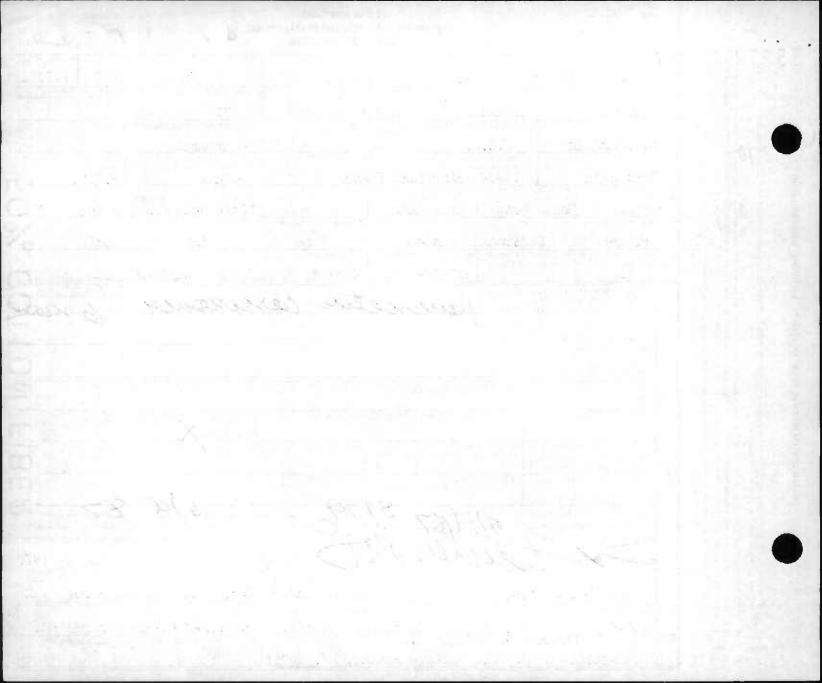
IMPORTANT: If Item 21 is morked ar Item 18 shows ony

MONEY & KING VIENNA FUNERAL HOME, INC. 1710 M. MAPLE AVE., VIENNA, VA. 22180

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



						STAT	E OF MARYLAND					
7 1	21.11	1-	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	SIENE 8	REG. NO.	1 /	7 5	9 3
37	JUN -		CEASED NAME FIRST		AIDDLE		AST	2a DATE OF D	EATH MON	TH DAY	YEAR	2b. HOUR *
poge S			Gla	dys	S.	Αι	iffort		June	4, 1	987	1:50 A
ma rer o		3. SE.	(4. RACE	4. RACE 5		OF BIRTH	6 AGE INYEAR	S LAST BIRTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
ge 4		semale		Caucas	ian	Augu	ist 1, 1909	77		YRS		, and the second
Po la	()-	76. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE	CITY OR CO	UNTY OF	DEATH	
The Tat	(A)		W. Virginia	u.s.		WIDOW	D DIVORCED	Montg	omeru			MD.
the ty	Ped (TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OC			12b. KIND O	F BUSINESS OR
rs of by t	() ()		Rockville	11404	Schuylki	el Dr	ive	Cler			G. P. O	
in 24 hours fulled in should be	135	130. S Ma		e or other institution. DUNTY tgomery	136. CITY OR TOW Rockvil	N	13d. INSIDE CITY LIMITS? YES NO	13e.STREET AD			Drive	20852
rampletel			THER'S NAME FIRST Peyton VAS DECEASED EVER IN U.S.	Ellswort	h Lanhan 166 SOCIAL SECU		ROSE		Ann Ann		Ball	
be exect on and	e medico			GIVE WAR OR DATES	587-05-7		Charles G. A	uffort	husb	and_	same	as #13
requires that the death ceren signed by the attending	or to buriol, cremation, ar re y injury, ar other traumatic e	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OI (c) NT CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM					
n. nas b	e 5	FICA	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS				OF DEATH?
ING PHYSICIAN: The attending physicial after this certificate the burial-transit.	orked or Item 18 sto	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH HOUR A.I	M. MONTH DA M. DE INJURY EET, FACTORY, OFFICE, F	19	216 HOW INJURY OCCURI	RED (ENTER NATUR				NO
the haspital of DIRECTOR:	te Dept. af Heo : If Item 21 is n		220. I certify that (1) (this hospital) attended the decessed from 19, to 19, that (1) (we saw the deceased alive on above, (1) (we) (did) (did not view the body after death. The signature TIENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN J June 4,									
O HOSPITA etoined by TO FUNERA should be de	with the Stat		22d. PHYSICIAN'S NAME (IN 1ra Tauber				2% ADDRESS / 10301 Georgia					20902
BP	3 4		URIAL, CREMATION, REMOV SPECIFY) DUTIAL	June 8.	1987 Ce	dar H	EMETERY OR CREMATORY	23d LOCATE CHY OR Suitle	and Pr	ince	Georg	es Md.
DHMH - 16 6	OM 7/84	24. FL	NERAL DIRECTOR Frai	ucs J. Co	illins, J	r.	25a. DAI	E BEG D. BY REG	STRAR 15h	EGISTRAR	E SIGNAN	JRE ALA
(VRA 15	. 4)	150	1 University	Royd Wax:	t Silven	Snri	no Md another	110 13	JI W			



TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

deoth. Page 4 morter Strain of treator, page hin 72 hours ofter (60)

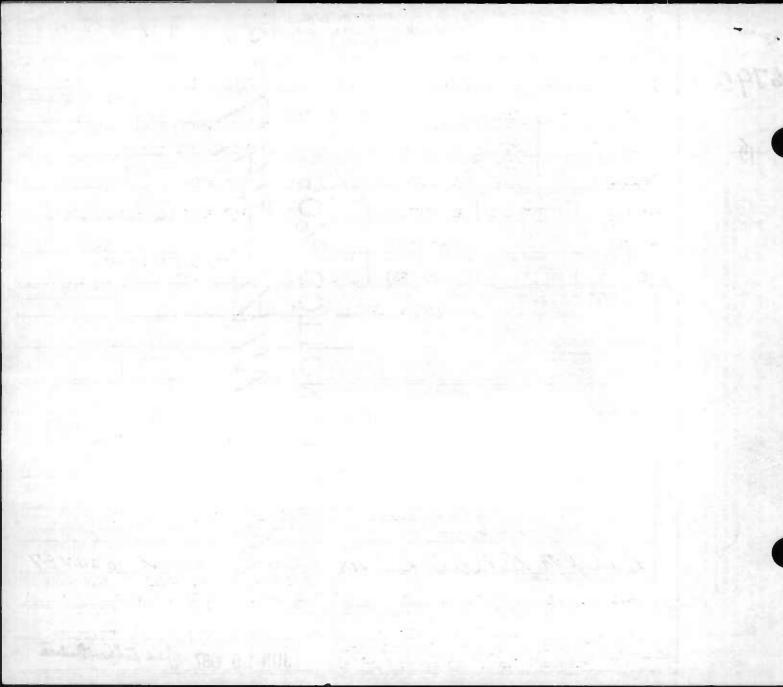
STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENT		REG. NO		5 7	
	CEASED NAME	FIRST	A	MIDDLE	i	AST				DAY YEAR	26 HOUR P
7 0	OR PRINT)	MARY		J.	r	BACHE		JUNE 5 198	7		1255 4
3. SEX	7		RACE		5. DATE C			6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	FEMALE		CAUCAS	TAN	APR]		09	78	YRS.	MONTHS DAYS	HOURS MIN.
7a. BI	RTHPLACE (STATE OR FO	REIGN 76		WHAT COUNTRY?	8			9 BALTIMORE CITY O		OF DEATH	
	NEW JERSEY		UNITED	STATES	WIDOWE	D NEVER MARRI		MONTGOMERY	COIDI	(III.5.7	445
10. CI	TY OR TOWN OF DEAT	н 1	I. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTE		12a. USUAL OCCUPATE	NC	126. KIND O	F BUSINESS OR
	BETHESDA	- {		HOSPITAI		IESDA		(TYPE OF WORK FOR MOST O	WORKING LIF		01/77
USUA	AL RESIDENCE (IF NURSIN		HER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)			HOMEMAKER_	•	LOWN H	OME
	RYLAND	B. COUNT	OMERY	136. CITY OR TOW KENSING		13d. INSIDE CITY LIA	- 1	13e STREET ADDRESS			0005
	THER'S NAME	TIONIG	OTEKI	KENSING	310N	YES NO		4100 FRANK	LIN S	TREET 2	.0895
	MARTIN	MI	DDLE	LAST) A III	FIRST		WIDDLE		LAS	
_	MAKI IN VAS DECEASED EVER IN	IIIS A DAAI	ED EODCES2	JANOSCE 166 SOCIAL SECU		PHOE 17. INFORMANT	BE	ADDRE	9	ZAPP)
	VES NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)					209 TAN	YARD		
	YES	WW 1	Ι	209-10-2	1881	SUSAN BA	CHE	PEACHTRE	E CIT		MATE INTERVAL
CERTIFICATION						NOT RELATED TO THE		NAL DISEASE OR CONI	206 IF YES	S, WERE FINDIN	IGS USED
TE								YES NO		YING CAUSES	NO T
-	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b. TIME O HOUR A.I	M. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR			
MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TO	VN	COUNTY	STATE
	220 I certify that (I) (t sow the deceased above, (I) (we) (did						87 opinion d	, to JUNE 5		01	that (I) (we) lost couses stated
	Dawnel Dawnel	M.	Del 1	Just	lus		CIAN [IAN 4	6 Ju	W87
	22d. PHYSICIAN'S NAA	AE (TYPE OR P	RINT)			22e ADDRESS NA	VAL	HOSPITAL, N	AVAL	MEDICAL	COMMAN
	DAVID M.	DELVE	CCHIO I	LT MC USN	R			ITAL REGION			
	SURIAL, CREMATION, RE	MOVAL	23b. DATE	23c. 1	VAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION		COUNTY	STATE
	BURIAL		June 1	5.1987AR	LINGTO	ON_NATIONA	L CE	M ART. TNGTON	I	VIRCI	TNTA
24 FU Bet	neral director of hesda-Chevy 7557 Wis	ert A Chas consi	Pump e, Inc n'Ave.	hrey Fund Bethesda	eral H	Home/	JUN	REC'D. BY REGISTRAR	25h REGIST	RAR'S SIGNAL	VRE

DHMH - 16 60M 7/84

BP.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medico TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and eshauld be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.



the funeral director, page 3 4 within 72 hours ofter death

within 24 hours ofteg

	ALE OF MARTLAND	
DEPA	FHEALTH AND MENT IFICATE OF DEAT	
DEPA		

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	-

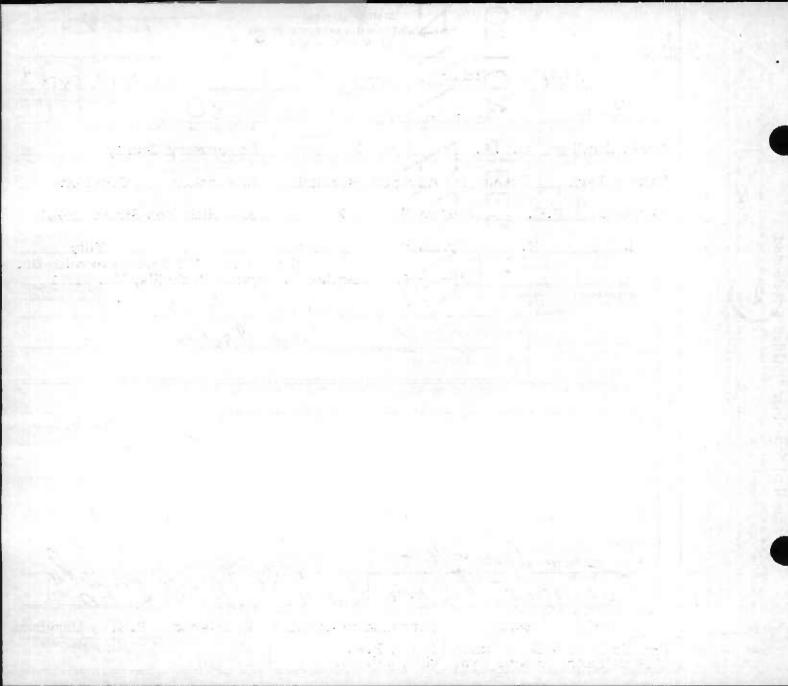
3 7

197	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	178			
1. DE	CEASED NAME FIRST	MIDDLE	0	AST 2	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR			
	MAX	el/ Critch	er SAG	iwell		06 2187	0458			
3. SE	×	RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER I YE				
	Temale	Cauca	sian 09	07 06	8.0	YRS.	TS HOURS MIN			
70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEATH				
N	North Carolina	U.S.A.	WIDOWE	DIVORCED [Montgomer	cv County	٨			
10. €	ITY OR TOWN OF DEATH		TAL, NURSING HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 175 KIND	O OF BUSINESS C			
	Takoma Park	Washingto	n Adventis	t Hospital	Homemake		Home			
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COL	OR OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS					
	Maryland P.	_	attsville	YES 🔀 NO 🗌		olson Street	20781			
14.77	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME		LAST			
6	James	н. С	ritcher	Leona	Model		illy			
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 S	OCIAL SECURITY NO.		ughter) วิกีน	19 Common	wealth D			
1/	10		8-38-7801	Caroline B. I	Hopkins Roc	kville Md.	20852			
	18 CAUSE OF DEATH (Enter of	only one cause per line fo		1	1 1		COMMATE INTERVAL			
	PART I. DEATH WAS CAUS		1/10	(anduit	Intarc	to 1	101 .			
	DUE TO, OR AS ACONSEQUENCE OF									
	Conditions, if any, which	DUE TO, OR AS A	CONSEQUENCE OF	LION A	Yailin	0 /	40.			
	gove rise to immediate	(b)	erregen	e rough	Junio	- 00	9			
	couse (a), stating the underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF		/					
	DARKE OTHER SIGNASIA	(c)								
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	SUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	1101			
CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINI	DINICCUISED			
F.	The officer of children	In condition	TOR WITHOUT OF ERATION	TO WAS LENT ORMED	/	IN CERTIFYING CAUS				
- E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	IDV	In the way a second	YES NO	YES	NO 🗌			
	OR CONTRIBUTING CAUSE OF DE		NONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	?)			
5	(IF EITHER, NOTIFY MEDICAL EXAMIN		19							
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJ	TORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE			
1	AT WORK NOT WHILE			1 /		/				
	220.1 certify that (I) (this haserfal) attended the deceased from 16/2/, 19/1, to 6/2/, 19/2, that (I) (we) los									
	sow the deceased alive o above, (I) (we) (did) (did n	n 6 11	death.	nd that in (my) (our) apinion	death occurred on the de	ate and hour and from t	he causes stated			
	22b. SIGNATURE	110		DEGREE		22c. DA	TE SIGNED			
	- nr	idess	11	ATTENDING PHYSICIAN	MEDICAL STA		//,			
1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	7	22e. ADDRESS	20 Beneve	12 House	Ka			
	SURINI) to /	CINCOL	GA Ino	1900	Part once	0			
23n P	BURIAL, CREMATION, REMOVA	L 23b. DATE	1234 NAME OF C	EMETERY OR CREMATORY	23d LOCAMON	May 19				
	(SPECIFY) Burial	06/24/87		coln Cemetery		d P.G.	Maryla			
24 FI						And the second s				
"F	rancis Gasch's	Sons Funer	aloHome, P	.A. 25a. DA	N C Z	25 REGISTIAR'S SIGN	& Kategoria			
4	739 Baltimore A	venue Hyat	tsville, Md	. 20781	198/	U				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remave conwith the State Dept. of Health and Mental Hygiene prior to burial, crematian, @r.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death retained by the hospital or attending physician.



poge 3

npletely filled in by the funeral director

ad 2 shootd be filed

he attending physician and

UL y		FOR STATE REGISTRAR	D	EPARTMENT	STATE OF MARYLAND OF HEALTH AND MENT RTIFICATE OF DEAT	2.3	REG. NO.	3 9	6
6	TYPE	CEASED NAME FIRST E OR PRINT) Pell			Bain	2a; DATE OF	6 6	DAY YEAR 28 87	26 HOURS
	3. SE	Female	4 RACE White		Mate of Birth Math 24° 19°		ARS (AST BIRTHDAY) YRS.	IF UNDER 1 YEAR	HOURS MIN.
iffied dt-once.	M	issouri	7b. CITIZEN OF WHAT CO USA 11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HO	ARRIED KNEVER MARRI DOWED DWORC DME OR OTHER INSTITUTIONS	ED	CCUPATION FOR MOST OF WORKING L	126 KIND OF	BUSINESSOR GOVE
Sept Sept Sept Sept Sept Sept Sept Sept	130.	,	other institution, give residently SII	CE BEFORE ADMIS	ring yes No	wits? 112546	Doress / Zip con		20904
50	14 FA	ATHER'S NAME FIRST J. FÎ	rederick	fulton	15 MOTHER'S MAII	nnie	WIDDFE	Costne	
medical	16a. V	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNIVERSAL (IF YES, GIVE		AL SECURITY I		. Bain-hush	and – (sa	me as 13	Be)
traymatic event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), storing the	DUE TO, OR AS, A CO	ARI NSEQUENCE CON (of Rena	Porty FA	JURE	APPROXIV BETWEEN O	NATE INTERVAL NSET AND DEATH
v injury, o	TION	underlying cause lost. PART 2 OTHER SIGNIFICANT CO		V CV	BUT NOT RELATED TO TH	/	OR CONDITION GI	VEN IN PART 110	YRS
2 shows and	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPER	RATION WAS PERFORMED	200 AUTO	IN CERTI	S, WERE FINDING IFYING CAUSES (ES []	
ked or Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ALWORK ALWORK	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		19 211 LOCATION	OCCURRED (ENTER NAT	CITY OR TOWN	PART I OR PART 2)	STATE
ORTANT: If Item 21 is marked at Item 18		220.1 certify that (I) (this hospits saw the deceosed alive on above (I) (we) this product The SIGNATURE	Fiew the bods after short	19 8	DEGREE ATTENDED TO ATTENDE TO ATTENDED TO ATTENDE ATTENDED TO ATTENDED TO ATTENDED TO ATTENDED TO ATTENDED TO ATTE	DING MEDICAL	STAFF PHYSICIAN	22c DATES	/ /
8-1	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7-2-1987		OF CEMETERY OR CREMA ge Washington		TION	Georges	Md.

BP G - 16 60M 7/B4 DHMH (VRA 15, 4)

should be detached for use as the burial-transit permit. Then pl

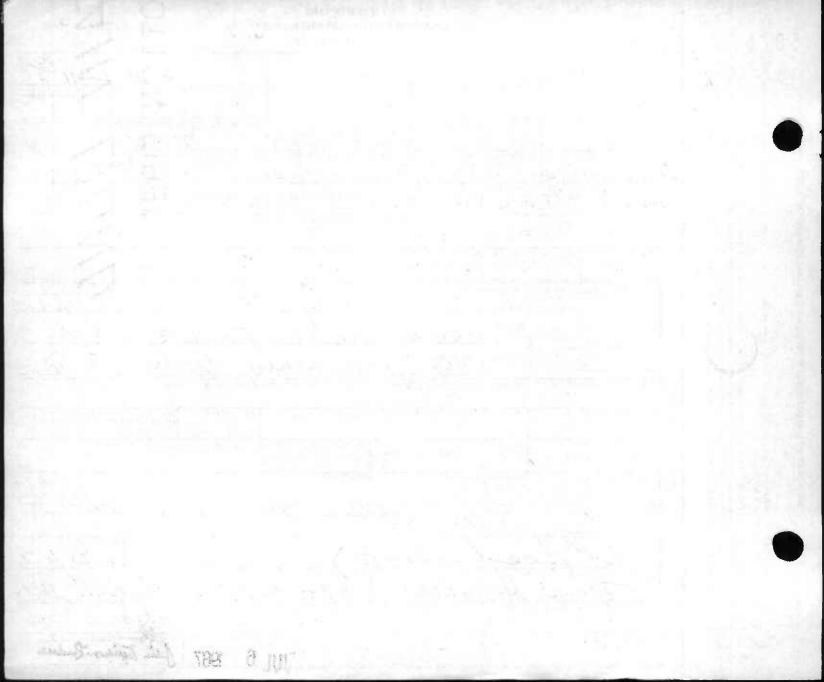
TO FUNERAL DIRECTOR: After this certificate has

u funeral Director Hines Akinaldi Funeral Home 11800 N.H. Ave., Sil. Spring, Md.

George Washington

1987

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



,	FOR			DEPARTN		E OF MARYLAND EALTH AND MENTAL H	YGIENE.	/ 1	7	; 9	/
1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	0 /	REG. NO.			
	CEASED NAME OR PRINT)	FIRST	00	MIDDLE	P	AST ICO	20. DATE C	OF DEATH MON	NTH DAY	YEAR 2b F	IOUR
3. SE		16 m	RACE		5. DATE C	agues	4 405 (11)	YEARS LAST BIRTHDA		57 1	JYOM DER 24 HRS
3. JE	FEMALE	1	WHITE		SEPT	PAY YEAR		TEAKS LAST BIRTHDA	MONTHS	DAYS HOU	
₽a. BI	RTHPLACE (STATE OR F	OREIGN 71		WHAT COUNTRY?	8.		70 - 9 BALTIM	ORE CITY OR C	YRS. OUNTY OF DE	ATH	
_	VA.		U.S.A		MARRIE WIDOWE	D NEVER MARRIED !	_	NTGOMER			MD
	TY OR TOWN OF DEA	TH 1	1. NAME OF H		G HOME (OR OTHER INSTITUTION	12a USUAL	LOCCUPATION	12b.	KIND OF BUS	
	KOMA PARK		WASHI	NGTON ADV	ENTI	ST HOSP'T.		LATION	CLERK	PUBLIS	HING CO
	AL RESIDENCE (IF NURS	136 COUNT	Υ	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS / ZII	P CODE		
Mo	THER'S NAME	MONTG	OMERY	TAKOMA I	PARK	YES X NO	600	KENNEB	EC AVE.	#103	20912
14. FA	FIRST	MI	DDLE	T A TOTO		15. MOTHER'S MAIDEN I	NAME	MIDDLE		LAST	
16g V	GEORGE VAS DECEASED EVER	IN U.S. ARM		LARD 166 SOCIAL SECUI	RITY NO.	EDNA 17. INFORMANT		ADDRESS	GIDI		AVE.
()	YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	235-12-8	3901	DAVID W. SK	TP BAKE	P.R		MT.V	
	PART I. DEATH W Canditions, if any, gove rise to imm cause (a), statin underlying cause	AS CAUSED IMMEDIATE which nediate g the	BY: CAUSE (a)	R AS A CONSEQUE	LE OF	of The	Pati	-mbo	lus	APPROXIMATE II	MIM
CERTIFICATION	PART 2 OTHER SIGN 19a. DATE OF OPERAT	Ley	19b. CONDI	Side		NOT RELATED TO THE TE	RMINAL DISEA	2 Ú	b. IF YES, WERE	FINDINGS	
TIFIC	4						YES 🗌	NO IN	CERTIFYING (EATH?
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	JRRED (ENTER N	NATURE ON INJURY IN	ITEM IB PART I OR	PART 2)	
MED	21d. INJURY OCCURR	ILE []	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET		CITY OR TOWN	co	UNIY	STATE
	Doover (I) (we) (a	d alive on		10 10 8	M W	that in my) our) opinion	, to	red an the date of	and hour and fr		l) (we) last s stated
	276 PHYSICIAN'S NA	1	Cu	ounel	2	ATTENDING PHYSICIAN 1226 ADDRESS		STAFF R PHYSICIAN	_	6 11	187
00 -	DR- D	AVID	CRE	MWEL	1	831 UN	IVERI	TY BLU	DE.	512,5	20905 PR, Md.

DHMH - 16 60M 7/84

APORTANE: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

(VRA 15, 4)

24 FUNERAL DIRECTOR W. W. CHAMBERS CO.INC.

CREMATION

CHAMBERS CREMATORY

CONTINUE CITY OF TOWN

RIVERDALE COUNTY P.G.C.

STATE

25a DATE REC'D

SILVER SPRING, Md.

25b. REGISTRAR'S SIGNATURE

District to the second The state of the s of the control of the PARCY MORNING THE PARCE OF A PARC NAME OF THE PARTY PERSON LANG-RAY MARTE NO ASSAULT MICHAEL TO LANG. THE SALE OF THE THE PARTY OF THE P

1		POR			DED		TE OF MARYLAND HEALTH AND MENTA	AL UVCIE	II .			- 1
U 11 /	1 -	STATE REGISTRAR			DLI		FICATE OF DEATH		REG. I	٧٥.	1 3	9 0
1		CEASED NAME	FIRST		WIDDLE		LAST	2	DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
4			ita		M.	Bar	bour		June	19,	1987	2:00A M
3	3. SE)		4	RACE			OF BIRTH		AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		Female		Whit	e	Jwi	y 29° 1901	AK .	85	YRS		HOURS MIN.
1	7e. Bl	RTHPLACE (STATE OR FOR	EIGN 76	CITIZEN OF	WHAT COUN	NTRY? 8	ED NEVER MARRIE	FD 7	BALTIMORE CITY	OR COUN	TY OF DEATH	
0		ntucky		U.S.	Α.	WIDOV			Montgom	ery		MD.
)(10 CI	TY OR TOWN OF DEATH	1			URSING HOME	OR OTHER INSTITUTIO		USUAL OCCUPA	TION		OF BUSINESS OR
16	Si	lver Spring		8811	Colesv	rille Ro	ad	l'	Homemake			Home
5 00 1	USU/	L RESIDENCE (# NURSING	HOME OR O	THER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION	13d. INSIDE CITY LIM	urca lu	e.STREET ADDRESS		937	19/1
5	-	Md.	Mont			Spring			8811 Cole			Apt. 502
20	4. FA	THER'S NAME					15. MOTHER'S MAID	DEN NAME			C III	100 100
0		Elihu	AAII	DDFE	Mead	or	Leon		WIDDLE		Robert	ST
1		AS DECEASED EVER IN			166 SOCIAL	SECURITY NO.	17. INFORMANT	ic.	116 888	thwoo	d Avenu	
/	(7	ES, NO OR UNKNOWN)	IF YES, GIVE V	WAR OR DATES)	578-6	4-1261	Mrs. Madg	e Kir				
		18 CAUSE OF DEATH	Enter only	one cause per			11		-			XIMATE INTERVAL I ONSET AND DEATH
		PART I. DEATH WAS			Po	50 irat	ory AD	RES	/		1.427	2224 Lal
		I/V	MEDIATE				1		- 0		OS.11.	7-7-7
		Conditions, if any, v	hich	DUE TO, O	R AS A CON	SEQUENCE OF	Valer 1	0/0	1 Care	100	2	V15
		gove rise to immed couse (a), stating		(6)_		4 10 7		0,00				7,0
	1	underlying cause	lost	DUE 10, O	R AS A CON:	SEOUENCE OF						
		PART 2. OTHER SIGNIF	ICANT CO	NDITIONS CO	ONTRIBUTING	G TO DEATH BU	T NOT RELATED TO TH	HE TERMIN	AL DISEASE OR COL	NDITION C	IVEN IN PART 1	(a)
	NO	12	457	- 1	nder							
0	CERTIFICATION	19a DATE OF OPERATIO				HICH OPERATI	ON WAS PERFORMED		20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED
X	TFK								YES NOX		TIFYING CAUSES YES	S OF DEATH?
六	CER	21a. ACCIDENT WAS UNDER	LYING	21b. TIME O			21c. HOW INJURY C	OCCURRED			hand .	
		OR CONTRIBUTING CAL			M. MONTH M.	DAY YEAR						
	MEDICAL	214 INJURY OCCURRED	-	21e PLACE	OF INJURY		21f LOCATION					
	8	WHILE NOT WHILE		(AT HOME STE	REET, FACTORY, O	OFFICE, FARM, ETC.)	STREET		CITY OR T	OWN	COUNTY	STATE
		22a.1 certify that (1) (th	is hospital	l) ottended th	e deceased f	rom Sa	A 23 19	82	to 6-	19	10 87	that (I) (we) last
		saw the deceased	olive on_	6-1	8		and that in (my) (aur) o	apinian dec	th accurred an the	date and h	aur and from the	causes stated
		abave, (1) (we) (did 22b. SIGNATURE	(did nat)	view the body	after death.)	DEGREE				22c. DATE	SIGNED
		tut	cery	1 X	1/0	\	ATTEND	DING ON	MEDICAL STA	AFF	June	e 19, 198
7		226. PHYSICIAN'S NAM	E (TYPE OR P	(RINT)	/ 0	Ecol	22e ADDRESS	CIAIN EN L	IKECTOR PHTS	CIAIN	0 444	
		Frederic	k G.	Barr			5454 Wi	s. Av	e., Chevy	Chas	se, MD	20815
7		URIAL, CREMATION, RE	MOVAL	23b. DATE		23c. NAME OF	CEMETERY OR CREMA	ATORY	23d. LOCATION			
	(Burial		June22		Fort I	incoln		Brentwo	od, M	aryland	STATE
		NERAL DIRECTOR		5130	Wisc.	Ave NW	2	250. DIATER		R 256 REGI	ISTRAR'S SIGNA	TURE-
-	Jo	s. Gawler's	Sons	Wash	ingtôn	D.C.	20016	001	4 130/	1	S. Strange S. Colombia	

						7. 3
, 1677 LS: 201	A water	e general	' {	M	1	
	85	1001 (S	Lut	n3.24		
	Azamostno-l	X		U.S.A.		Kentualiy
Gwn Nome	Homemaker		nd nilitae	17 17	anlæ	a marilia
SPR. spa . bk ell	-v-0 6 1-53	X.	na biga nev	.07L .d	me i	-5%
	್ಷ ಕಟ್ಟಾಗಿ	a110e	೮೦ - ಜ್ಞಾ	heav		sm².
	me sevite gost	Hrs. Madge	Fire Funds on			n).
20.00						
el , l						
wellos (ii)		. # \$48 F. 162 B.		2710	. 0 Y	. > - 1
uryland	, beavings,	mooln.	·	Tune 22, 19	Int.	

Tos. Savier's John Ganfageon, 1.C. 20016

BP.

STATE OF MARYLAND

0		
8	1	- 1
V	2	- 6
	REG. NO.	

7	4.70	a	a
	3	7	1
			.46:

The STATE CONTROL TO THE STATE OF DEATH CONTROL TO THE STATE OF DEATH THE STATE OF DEATH	7071		49		STATE OF MARYLAND			
HERMAN HAROYLDE BARGER JUNE 15, 1987 **ACCEPTION OF THE PROPERTY OF THE PROP	7271 JUN 2	212	STATE	DEPAR		0 /	. 17	5 9 9
HERMAN HAROYLDE BARGER JUNE 15, 1987 I. SEX WALE WHITE NOVEMBER 28, 1915 I. SEX WHITE WHITE NOVEMBER 28, 1915 I. SEX WHITE WHITE NOVEMBER 28, 1915 II. SEX WHITE WHITE NOVEMBER 28, 1915 III. SEX WHITE NOVEMBER	7			WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YE	EAR 2b. HOUR
MALE MALE WHITE MOVEMEN DOWNER 10.0017 MARRIED Z NOVERER 10.15 MARRIED Z NOVERER NOVERER 10.15 MARRIED Z NOVERER MONTGOMERY MONTGOMERY	be 3 eath	(111)	HERMA	N HAROYLDE	BARGER	JUNE 15, 1	1987	4:00P
MALE WHITE NOVEMBER 28, 1915 71 yes ### ALTIMORE NOVEMBER 28, 1915 ### ALTIMORE NOVEMBER 28, 1915 ### ALTIMORE CITY OF COUNTY OF DEATH MONSON NOVEMBER 28, 1915 ### ALTIMORE CITY OF TOWN OF DEATH MONSON NOVEMBER 28, 1915 ### ALTIMORE CITY OF TOWN OF DEATH MONSON NOVEMBER 28, 1915 ### ALTIMORE CITY OF TOWN OF DEATH MONTO COMERY COUNTY MONTO COUNTY MO	may e d	3 SE	Κ	4. RACE		6. AGE (IN YEARS LAST BIRT		
TO THE STATE OF TH	rectar urs afi				NOVEMBER 28, 191		YRS.	
BETHESDA SUJUAL RESIDENCE (# PAULAND-North of Grover Indication Control Residence In Control Contro	neral di na 72 ho		OUNTRY)	U.S.A.	MARRIED ► NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐			
136 STATE 138 COUNTY 136 CITY OR FOWN 136 INSDECTIVE LIMITS 136 SENTINEL DR. / 20816 136 NOTHER'S MADE 136 NOTHE	by the furtiled with	I	BETHESDA	FERNWOOD NURS	ING HOME, BETH.MD.	120. USUAL OCCUPATION OF WORK FOR MOST OF FOREIGN SE	ON 12b. KII INDUS	ND OF BUSINESS O STRY S. GOVT.
PRILL BRITGET ROSE SOLOMON BRITGET ROSE SOLOMON ADDRESS 18 CAUSE OF DEATH IETHER only one course per line for (o1, lb), and (c.) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (i0) CARDIOPULMONARY ARREST 18 CAUSE OF DEATH IETHER only one course per line for (o1, lb), and (c.) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (i0) CARDIOPULMONARY ARREST 18 CAUSE OF DEATH IETHER only one course per line for (o1, lb), and (c.) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (i0) CARDIOPULMONARY ARREST 19 CAUSE OF DEATH IETHER only one course per line for (o1, lb), and (c.) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (i0) CARDIOPULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF (ib) MALIGNANT BRAIN TUMOR Gover rise to immediate course (i0), storing the underlying course (io), storing the underlying of lower line to immediate course (i0), storing the underlying of lower line to immediate course (i0), storing the underlying of lower line to immediate course (i0), storing the underlying of lower line to immediate course (i0), storing the underlying of lower line to immediate course (i0), storing the underlying of lower line to immediate course (i0), storing the underlying of lower line to immediate course (i0), storing the underlying of lower line to immediate course (i0), storing the underlying of lower line to immediate course (i0), storing the underlying of lower line to immediate course (i0), storing the underlying of lower line to immediate course (i0), storing the underlying of lower line to line to lower line to line to lower line to	filled in could be imply to	13a. S	STATE 136 COL	UNTY 13c. CITY OR TO	SDA YES NO [4986 SENTI		20816
THE SECRETARY OF DEATH (EASTER CONTINUE) OF DEATH (EASTER CAUSE OF D	ex soune		Paul	Barger	Rose	MIDDLE		
PART I. DEATH WAS CAUSE OB BY: PART I. DEATH WAS CAUSE OB BY: IMMEDIATE CAUSE (0) CARDIOPULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (0) MALIGNANT BRAIN TUMOR DUE TO, OR AS A CONSEQUENCE OF DUE T	e execu		YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)				
NOT SHEET IN THE POST OF THE PART OF THE P	ed by the attending please remove carbo prical, cremation, acre , ar ather traumatic		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSECTION OF THE TO, OR AS A CONSECTION OF THE TORSE OF THE T	ANT BRAIN TUMOR DUENCE OF	MINAL DISEASE OR CON	DITION GIVEN IN PA	RT I/o
OR CONTRIBUTING CAUSE OF BEATH OF CONTRIBUTION CAUSE OF BEATH OF CONTRIBUTION CAUSE OF BEATH OF CONTRIBUTION CAUSE OF BEATH	nn. has been sign permit. Then the prior to bu	IFICATION				20s AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
216. PLACE OF INJURY Part	S TO O T 8		OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. MONTH	DAY YEAR		EY IN ITEM 18 PART I OR PA	ART 2)
Sow the deceased alive on APRIL 29 1987, and that in (my) **X* opinion death occurred on the date and hour and from the couses stated above. (I) **X* (did) (did) **X* view the body of a death of the couses stated above. (I) **X* (did) (did) **X* view the body of a death of the couses stated above. (I) **X* (did) (did) **X* view the body of a death of the couses stated above. (I) **X* (did) (did) **X* view the body of a death of the couses stated above. (I) **X* (did) (did) **X* view the body of a death occurred on the date and hour and from the couses stated above. (I) **X* (did) (did) **X* view the body of a death occurred on the date and hour and from the couses stated above. (I) **X* (did) (did) **X* (did) (HYS Idin ar So ar	MEDIC	21d. INJURY OCCURRED	21s. PLACE OF INJURY	21f. LOCATION	CITY OR TO	wn coun	NTY STATE
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DONALD C. WRIGHT, MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	Z - & S + S				, , ,		ote and hour and from	m the couses stated
ROCKVILLE TIKE, BETHESDA, MAKILAND 20092	, <u>c</u>		22b. SIGNATURE	LC. WH	ATTENDING PHYSICIAN	🔀 DIRECTOR 🗌 PHYSIC	FF CIAN [6-16-5
U 5 7 5 3 2 22 BIDIAL CREMATION REMOVAL 123 DATE 123 NAME OF CEMETERY OF CREMATORY 123d IOCATION	HOSPII ained broadle auld be the St			V 0	MALL			
STATE CHINAL CREMATION, REMOVAL TO DATE CHINAL COUNTY STATE	5 ± 5 € 3 ₹				C NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burlal

Creek Cemetery

wasnington, D. C.

24. FUNERAL DIRECTOR NAME DeVol Funer Ave. NW Wash DC JUN 1 9 1987 Julia Dender Kadasa

.A.S.J.

. Ferni a Service U.S. Cutt.

and the state of t

ne-tot. June 177 Arch Creat Ce e en for in tester. C.

Telo Imaro reas Mac. Ave. mil las . IC

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT

AL HYGIENE H	8	1
п		REG. NO.

1-	FOR STATE REGISTRAR			DEPARTM	CERTIF	EALTH AND MENTAL HYGICATE OF DEATH	SIENE 8 /	10.	10	0 0	
	CEASED NAME	FIRST	i	AIDDLE	Ĺ,	AST	20. DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR P	
TYPE	OR PRINT)	LEROY	H	ANSON	BA	ARNARD	JUNE 9	1987		7:30 m	
3. SEX	X	-	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS	
N	IALE		CAUCASI	AN	AU(85	YRS	ONTHS DAYS	HOURS MIN.	
	RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	SHINGTON	,D.C.	UNITED	STATES	WIDOWE		MONTGOMER	RΥ		MD.	
-	TY OR TOWN O	FDEATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET I HOSPITAL	ADDRESS)	ESDA	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USAF RET . ATTORNEY				
13a. S	AL RESIDENCE (P STATE CRGINIA	135 COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN D COLONIA	N I	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS 201 IRVIN		UE 224	999	
H. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			1.45		
HA	ARRY	FA	NNING	BARNARI	D	EMMA	VIRGIN			FIELD	
	VAS DECEASED			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	RESS 1909	SHENA	NDOAH RD.	
YF	YES, NO OR UNKNOW		-1955	224 48	7171	LEROY H. BAR	NARD, JR. A	LEXAND	RIA, VI	RGINIA	
z		ony, which immediate stating the cause last	(b) DUE TO, O	R AS A CONSEQUE MULTIPLE R AS A CONSEQUE DINTRIBUTING TO D	MYLO	MA NOT RELATED TO THE TERM	AINAL DISEASE OR COM	ndition givi	EN IN PART 11	a,	
VIIO	190 DATE OF O	DED ATION!	TINE COND	TION SOR WHICH	OBERATIO	N WAS PERFORMED	70g AUTOPSY?	TOR IF VEC	, WERE FINDI	NGS USED	
FIG	198 DATE OF O	FERATION	198. COND	TION FOR WHICH	OFERATION	WAS PERFORMED		IN CERTIF	YING CAUSES	OF DEATH?	
AL CERTIFICATION		AS UNDERLYING [G CAUSE OF DE	All	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	YES		00 №	
MEDICAL	716 INJURY OC		21e PLACE			211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE	
	sow the de	eceased alive or	O TITE		5 JUI 87 , or	N 19 <u>87</u> , 19 <u>87</u> ad that in (my) (aur) opinion	to 9 JUN death accurred on the c	·		that (1) (we) last causes stated	
	226. SIGNATUR	E 1.				DEGREE	MEDICAL STA	166	22c DATE		
	1 /	roug				MO ATTENDING PHYSICIAN [CIAN X	6-1	11-01	
		I'S NAME (TYPE				17e ADDRESS NAVAL HOSPITAL, NAVAL MEDICAL COMMAND					
	D. L	ITAKER	LT MC US	SNR		NATIONAL CAP		I, BETH	HESDA.	MD.	
23a. E	BURIAL, CREMAT	ION, REMOVAL	236. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				

DHMH - 16 60M 7/84 (VRA 15, 4)

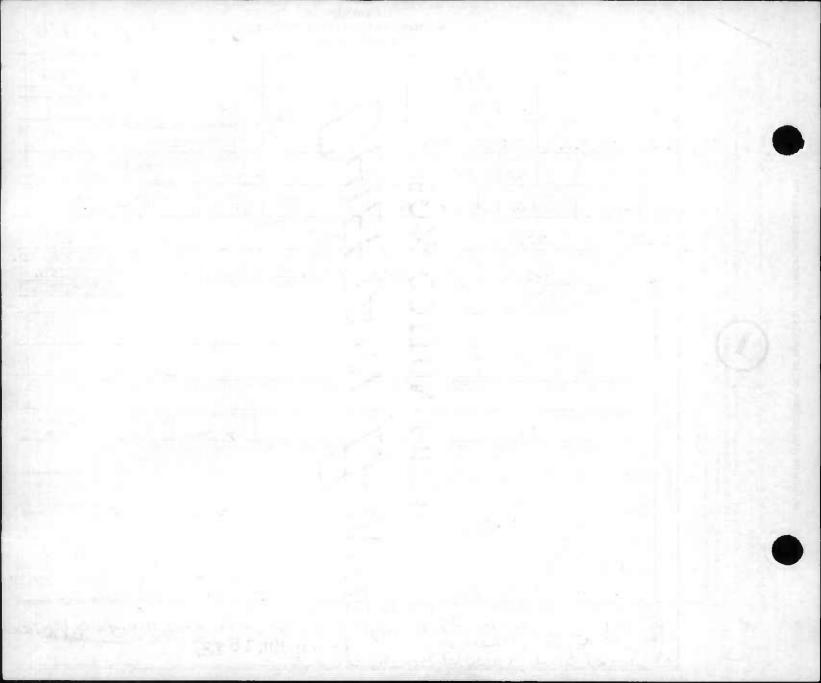
TO FUNERAL DIRECTOR.

should be detached for use as the burial transit permit. Then plea with the State Dept. of Mealth and Mental Hyglere prior to burial.

marked or them 18 shaws only

MPORTANT If hem 21 is

JUN



	1					STAT	OF MARYLAND					
56792 JUN		FOR STATE REGISTRAR			DEPART	CERTIF	EALTH AND MENTAL HY	(REG. NO.	1 7	6	0
Y 2/2	I. DE	CEASED NAME	FIRST		MIDDLE	(AST	20. DA	TE OF DEATH MON	TH DAY	YEAR	26 HOUR
and and	, , ,		7415		W.	Z	seall.		6	11	87	1845
ê 8 j	3. SE			4. RACE		S. DATE C		6. AGE	(IN YEARS LAST BIRTHDAY	IF UN	DER I YEAR	IF UNDER 24 HRE
# 05 # 55		MAle	-	Caneas	120/	MONTH	18 15	1	12	YRS	DATS	HOURS MIN
2 BA		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALT	IMORE CITY OR CO	JUNTY OF I	DEATH	
the Market		Maryland		United	d States	WIDOWE			MONTGER	NERY	Count	. v. ^
102	10-C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a US	UAL OCCUPATION	12		F BUSINESS O
f fy()		Rockville					T HOSPITAL		ineer			none Co
8 5.4 8	USU	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMITS?	fus. ero	EET ADDRESS / ZIF	CODE		
元 最上 帰人		rvland		gomery	Rockvil		YES D NO		Lvnch St		208	50
1 35/1		ATHER'S NAME					15. MOTHER'S MAIDEN N					
\$ 10 mg/		William		erov	Beal1		Nellie		MIDDLE		Gil.	1
5 57 5		WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS			
1 10 1	- (YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	163-05-9	9372	Hilma R. Be	a11	same as	#13		
cate b cate b apers wal			H (Enter pri	nly one couse per	r line for (a), (b), a		11. 17	a. 7	2		APPROXU BETWEEN O	MATE INTERVAL
de la compa	ı	TAKT I. GEATT		TE CAUSE (0)	unger	wo /	pear /	ain	ne.		Lye	un
th ce corb , or a				DUE TO, O	RAS A SONSEQL	ENCE OF	4 1/2	. 1	1/2.00		11.	
attan, a		Conditions, if any gove rise to imi	, which	(16)	econo	1000	gorie re	uch	Negran	€.	10 cge	aus
the em		couse (p), statir underlying couse	ng the	DUE TO, O	R AS A CONSEOL	IENCE OF						
				(c)								
aguires n signe Then pl ta buri njury, o	z	PART 2 OTHER SIGI	NIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEL	RMINALDI	SEASE OR CONDITIO	ON GIVEN I	N PART I Io	
8 = 0 >	CERTIFICATION	19a DATE OF OPERA	TION	TIGH COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	1200	AUTOPSY? 201	HFYES, WE	RE FINDIN	GS LISED
has been prior	5	198 DATE OF OPERA	11014	170 COIVE	IIIOIVIOR WITICI	OFERATIO	TO WAS PERI ORMED		IN	CERTIFYING	CAUSES	OF DEATH?
	- E	210 ACCIDENT WAS UN	DERLYING T	1 216 TIME C	OF IN ILIRY		21c. HOW INJURY OCCU	YES (CA		YES	OR PART 21	NO []
SICIAN: TI ng physici certificate rial-transit ental Hygi frem 18 sh		OR CONTRIBUTING		110110 4		AY YEAR	The state of the s	ANEO (EIG	TER INVIOLE OF TRAJOR III	TEM TO TAKE	University of	
	MEDICAL	(IF EITHER NOTIFY MEDI 21d INJURY OCCUR			.M. OF INJURY	19	211 LOCATION					
1 2 2 - 0	ME	WHILE IT NOT WE	HILE 🗖		REET FACTORY OFFICE.	FARM ETC)	STREET		CITY OR TOWN		COUNTY	STATE
DING P or after the e as the alth and marked		AT WORK AT WO	RK -				7/11/2	7	6/11	/	87	
		220.1 certify that (1) spw the deceas				87.0	nd that in (my) (ser) opinion	n death as	curred on the date of	200 hour one	d from the r	hot (II (we) I c
R ATTEN hospital RECTOR red for u ppt, of He		obove (1) (va) (did) (did no	t) view the body				ni deoin oc	corred on me dore o			
	١.,	A SIGNATURE N	1/	11/1/2		λ/	DEGREE ATTENDING	MED	ICAL STAFF	7	22c DATE	- 7
RAL dete	27	X May	0	unes		141	PHYSICIAN	DIREC	TOR PHYSICIAN		0/11/	81
HOSPITAL ned by the FUNERAL side be detected to the State ORTANT:		DISCIANSIN	AME ITHE	1	1/1	D	220 ADDRESS	1-11	DIDI	-:11-	Ma	2055
TO HOSPITAL retorned by the TO FUNERAL shauld be detail with the State IMPORTANT:	L	Noberl	(, /	vacan	14	V	1007 Viers	7141	Nel Mock	CALLIE	1 14	0000
E 5 F 2 > Z1	230.	BURIAL, CREMATION,	REMOVAL		June		EMETERY OR CREMATOR		LOCATION CITY OR TOWN		YINU	STATE
BP		Burial					n Memorial Pa		Rockville		-	ryland
DHMH - 16 60M 7/84 (VRA 15, 4)	Ro	ockVIIIe,	bert	300 West	hrey Fun Montgom	eral A	Home/ 12549	JINREY D	6° 1987° ° 29	BEGISTEAR	a algonati	madely

300 West Montgomery Aven Rockville, Maryland 20850



STATE OF MARYLAND

CEDTIEIC ATE OF DEATH

1	STATE OF	1	5	U	2
REG. NO.	4				- 11

8	70	TREGISTRAR		CERTIF	ICATE OF DEATH	REG. N	IO.		- 7
		CEASED NAME FIRST	MIDDLE	12	AST A	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	0.05	Woler	Leon	Dec	Kwith	1 105	06 13	181	09004
	3. SE)	MAIE	B/ACK	S. DATE C		6 AGE (IN YEARS LAST BI		INDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
1		RTHPLACE (STATE OF FOREIGN 76.	CITIZEN OF WHAT COUNT	RY? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	0
-	70.61	TY OR TOWN OF DEATH	U.S.A.	WIDOWE			Maco	nery	-CO. MD.
	1	Rockville !	Second Course	E POWE	or other institution	(TYP) OF WORK FOR MOST		126, KIND ON INDUSTRY	BUSINESS OR
1		AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	HER INSTITUTION, OVERESIDENCE BE HACITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	PER CODE	ock 1	1874
The state of the s	14 FA	SANAY ME	Beckwith	6	15. MOTHER'S MAIDEN N	10 TAMIDOSE	24	LAST	
,	16a V	VAS DECEASED EVER IN U.S. ARME VES, NO ORUNKNOWN) (IF YES, GIVE W		1-7126	ANNA Bec	Kwith (wi	te) SAI	me A	5#13
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE	OUENCE OF		MINAL DISEASE OR CON	20b. IF YES, W	ERE FINDIN	IGS USED
7	TIFIC					YES NO	IN CERTIFYIN		OF DEATH?
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC)	21f LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
		220.1 certify that (1) (this haspital saw the deceased alive on above (1) (worlded) (did nat) v	JUNE (1	987.or	id that in (my) (apinian	, ta JUNG a deoth occurred an the d	ate and haur or	d from the o	
		James les	Brown	un)		MEDICAL STA		6 ()	3/87
		220 MYSICIAN'S NAME (TYPE OR P	Brown und)	POCKY	PHYSICIANI	20850	#231	
		SPECIFY)		3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		OUNTY	STATE
	24 FL	Burial		John Wes	Slwy Cemetery	Clarksbu	rg, Mon	tq. ME)
			//16	WARDIN	TELEPO ST 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE TANK OF THE PARTY OF THE PA	1		er 8 -

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

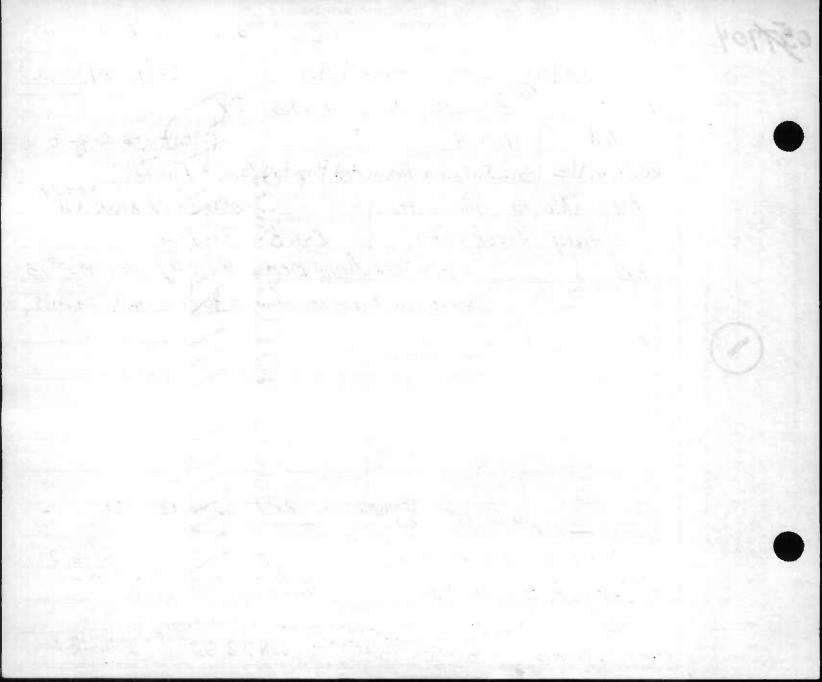
IMPORTANT: If Item 21 is marked or Item 18 shaws any injury; at

George R. Snowden

Rockville, MD 20850

JUN 2 2 1987

Julia Dividern. Kandall



MPORTANT: If them 21 is

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR STATE REGISTRAR

I. DECEASED NAME (TYPE OR PRINT)

DORIS

C.

ST	ATE	OF	M	ARYL	AND	

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

BENNER

REG. NO.

MONTH

June

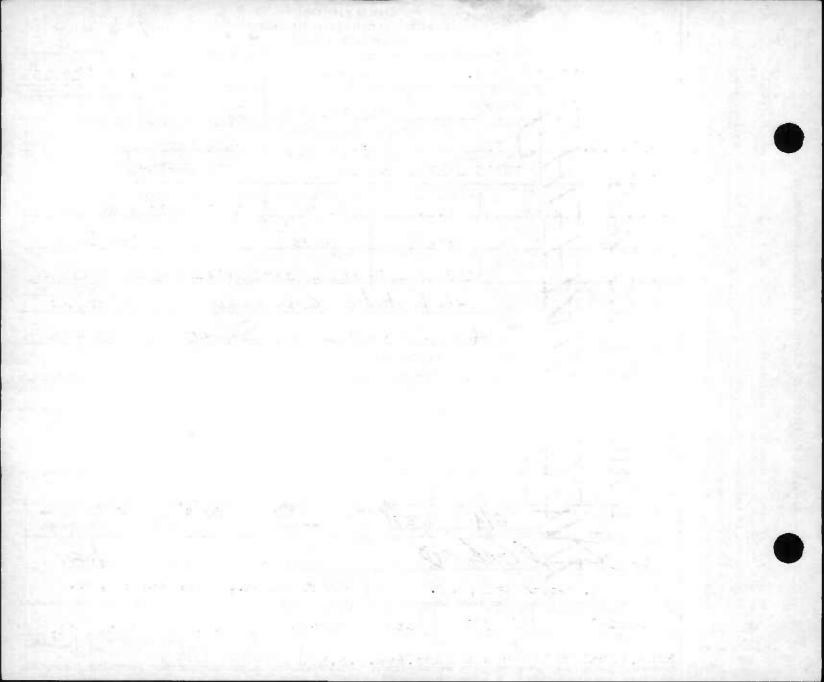
7, 1987

2b. HOUR

12:15

20. DATE OF DEATH

3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 F	
	female	white	2	Jul		79	YRS.	ONTHS DAYS	HOURS N	WIN.
	RTHPLACE (STATE OR FOREIG	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	OF DEATH		
_W	ash.D.C.	US	A	WIDOWE	DIVORCED [Montgome	ery			MD.
10. C	ITY OR TOWN OF DEATH				ROTHER INSTITUTION	120. USUAL OCCUPATI		12b. KIND O	F BUSINESS	OR
	.S.		5 Dallas		nue	(TYPE OF WORL FOR MOST C	iaker	INDUSTRY		
	AL RESIDENCE (IF NURSING HI STATE 13b.	OME OR OTHER INSTITUTION	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	Ó	109	1
M	ld.	Mont	S.S.		YES 🖟 NO	10015 I	allas	Aver	lue	
	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME				
	FIRST	WIDDLE	LAST		FIRST	MIDDLE		LAS'		
111	Arthur	G	Cole		HELEN	ADDRE		Fraham	l .	
	VAS DECEASED EVER IN U	YES, GIVE WAR OR DATES)	16b. SOCIAL SECU	KIIT NO.	17. INFORMANT	ADDRE	233			
	/A		215 48	3856	Roy Benne	r (Son) Anna	apolis	, Mar	ylan	d
	18 CAUSE OF DEATH (En	nter only one cause pe	r line far (a), (b), and	dicit	1.			APPROXI	MATE INTERVAL DISET AND DEA	ATH
	PART I. DEATH WAS C		Meta	sta	tic Carc	inoma		7/	468	
	IMM	NEDIATE CAUSE (a)	2 (6)91	210		TO COC		3.	110	
		DUE TO, C	RAS A CONSEQUE	NCE OF		R. /				
	Conditions, if any, whi	ich (b)	4denoe	arci	noma of	Drast		10	412	
	gave rise to immedia couse (a), stating t				-	20.1		,	,	
		DUE TO, C	R AS A CONSEQUE	NCE OF						
		_ ((c)_						<u> </u>		
	PART 2. OTHER SIGNIFIC	ANT CONDITIONS C	ontributing to d	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	N IN PART 110	1 '	
S	-									
A	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED	
CERTIFICATION						YES TO NO X	IN CERTIFY YES	ING CAUSES	OF DEATH?	
1 %	210. ACCIDENT WAS UNDERLYI	NG 21b. TIME	OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	ET 1 OR PART 2)		
	OR CONTRIBUTING CAUSE	OF DEATH HOUR A	.M. MONTH DA	YEAR						
O	(IF EITHER, NOTIFY MEDICAL EX	(AMINER) P	.M.	19						
MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	F
Σ	WHILE NOT WHILE] (AT HOME, ST	REET, PACTORY, OFFICE, FA	ARM, ETC }	JIRCE!	4			377712	
	220.1 certify that (I) (this)	L. d 1.1 .	Ab	24 . 24	6/0		FRIT		
	saw the deceased al	1-1	Te deceased from	37/	nd that in (my) (aur) apinian	, 10			that (I) (
	obove, (1) (we) (did) (die not) view the bady	ofter death.	, ar	nd that in (my) (our) apinian	death occurred an the di	ate and haur	and fram the	causes stated	d
	22b. SIGNATURE	11	1.0		DEGREE	·		22c. DAJE	SIGNED	
-	C. Ne	100	Ex MID		ATTENDING	MEDICAL STAI	FF CLASS C	6 01	27	
	22d, PHYSICIAN'S NAME	(TMPE OR PRINT)			22e ADDRESS	DIRECTOR PHYSIC	IAN []	0010	21	
		,	1 W D			St., Silve	r Spri	n a M	d	
	G. Le	eonard Gol	d, M D.		8030 renton	st., silve	I SPII	11 g, 11	4	
23a. E	BURIAL, CREMATION, REM	OVAL 236. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		-		-
	Burial	6/10/	87 G	ate /	of Heaven	C C		COUNTY	STATE	E
-	JNERAL DIRECTOR	10, 10,	0, 0,	ate (S.S.		ont.	Md	-
	NAME		ADDRESS			E REC'D. BY REGISTRAR	ZSD. HEGISTR.	Dagidary	" Kindael	No .
Hi	ne/Rinaldi	11800 N	ew Hamp	.Ave	.S.S.Md.	JUN9 1981	guita		-	



neral director, page 3

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10.75	1	0	U	Park

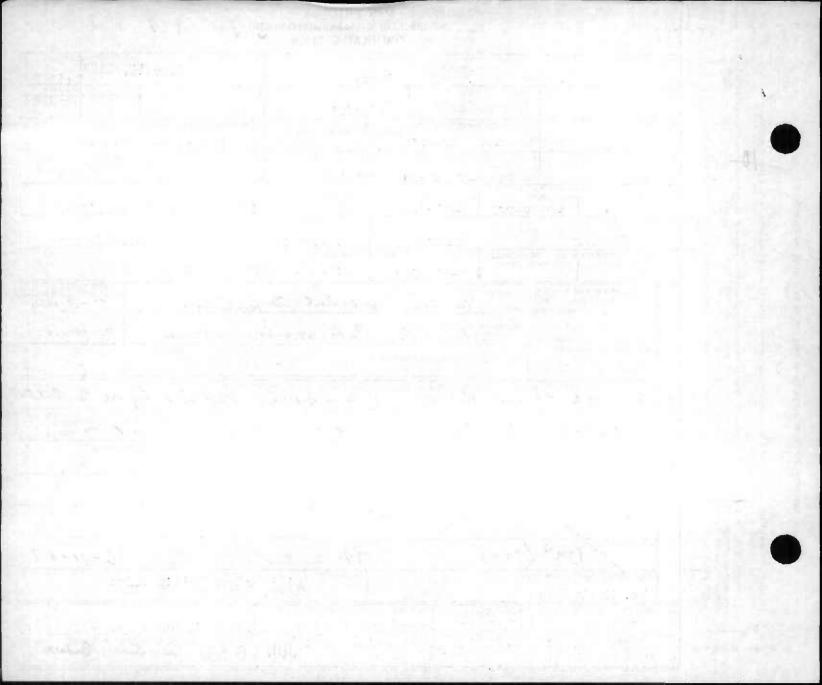
1.7	REGISTRAR				CERTIF	ICATE OF DEATH	0 ,	REG. NO.		
	EASED NAME	FIRST	,	MIDDLE		LAST	2a. DATE OF	F DEATH MONTH		
(TYPE C	OR PRINT)	Char1	es I	Reed	Ber	****		Дцце	e.11, 198	0.52 P
3. SEX		OTEXA I	4 RACE		5. DATE C	OF BIRTH	6. AGE (INY	EARS LAST BIRTHDAY)		AR IF UNDER 24 HR
	Male		Caucas	sian	8/	31/21 YEAR	65		YRS.	
	THPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMO	RE CITY OR COL	UNTY OF DEATH	
	irginia		United	States	WIDOWI	ED DIVORCED		ontgomer	cv Coun	ity ,
10 CIT	Y OR TOWN OF DEA	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WOR	OCCUPATION REFORMOST OF WORK CONTROL	KING LIFE) INDUSTR	of BUSINESS C
	Olney	210 110115 01		ery Gener			Maint	-enance	. <u> </u>	Board
13a. S1		13b. COU		Rockvil	N	13d. INSIDE CITY LIMITS?		ADDRESS / ZIP (code nd Drive/	/20853
4. FA1	THER'S NAME					15. MOTHER'S MAIDEN N				
	Willia		WIDDIE	Berry		Florence	<u> </u>	WIDDLE	Rotenb	perry
	AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS	- "122	
	No			2 28 – 14 – 92	73	Lena J. E	serry,	same a		
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	nly one cause per	line for (a), (b), one	d (c1.1)	0	391 99		APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEAT
	PART I. DEATH W		ED BY: TE CAUSE (a)	Massine	· (hy	weerfal I	referele	w	2	-3 45
						-	/ ~			
- 1			DUE TO, O	allenelis		Carrie 2000	Cen- 1	Dice co	120	ners.
	Conditions, if any		(b)_C	yeuseen	ク こ	Color Voje	U	76-02-		/
	gave rise to imi		3 205 70 0	DAGA CONICEOUS	NICE OF				1	
	underlying couse		DUE 10, 0	R AS A CONSEQUE	NCE OF					
			(c)							
NO	alames			Osstuct		NOT RELATED TO THE TER	0.602	E OR CONDITION	San'a	Binetale
5	190 DATE OF OPERA					ON WAS HER ORMED	20g AUT	XDSV2 20h	IF YES, WERE FIN	
CERTIFICAT			100	-		Culas.	206 AUT		CERTIFYING CAUS	
F	6/10/	17	Marles	alex by	d	cues.	YES 🗹	NO	YES 🗹	NO 🗌
B	210. ACCIDENT WAS UN		LIOUD A		AV VEAD	21c HOW INJURY OCCU	JRRED (ENTER NA	ATURE OF INJURY IN ITE	FM 18 PART 1 OR PART 2	2)
AL	OR CONTRIBUTING		AIN	M. MOITH D	19					
MEDICAL	21d INJURY OCCUR		,	OF INJURY	- 17	211 LOCATION				
WE	WHILE NOTW	ние 🗖	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STRFFT		CITY OR TOWN	COUNTY	STATE
		PRK				10 -63		-11 - 3	2	
	220.1 certify that (1)		/			<u>-10 -81, 19</u>	, to	77 0	. 19	_, that (I) (we) la
	saw the deceas abave, (1) (we) (ed alive or	ot) view the body		, o	nd that in (my) (aur) apinio	on death accurre	ed on the date on	id hour and from t	the causes stated
	226. SIGNATURE	10	1.			DEGREE	/			ATE SIGNED
	X	W	Kun	<u> </u>			MEDICAL	STAFF PHYSICIAN	0 6-	-11-87
	22d. PHYSICIAN	AME LIVE	ON PRINTE			22e. ADDRESS 1811	1 Prince	e Philip	Drive	
100	Dr. Mari	o Dia	Z			Öľně	y, Mary	e Philip Iand 2	.0832	
23a. B	URIAL CREMATION.	REMOVA		23c h	NAME OF	CEMETERY OR CREMATOR	Y 23d. LOC.	ATION		
(5	Burial		15, 1				CITY	Y OR TOWN	Cap I	7iraini
			1 2 D	JOI AINE	STIC	an Legion (ATE BECID BY	J SCORE	ECISTRAPIS SICE	VILGILL
Bo.	the sda-	pper	Chacu	mphrey I	une	ral Home	N 1 6 4	207	a Deviden	Pandage
75	57 Wisco	nsin	Ave. B	ethesda	MD 2	20814	14 T O B	JO1 D	- particular	~

DHMH - 16 60M 7/8 (VRA 15, 4)

retained by the hospital or attending physician.

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather troumatic event, the medica TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

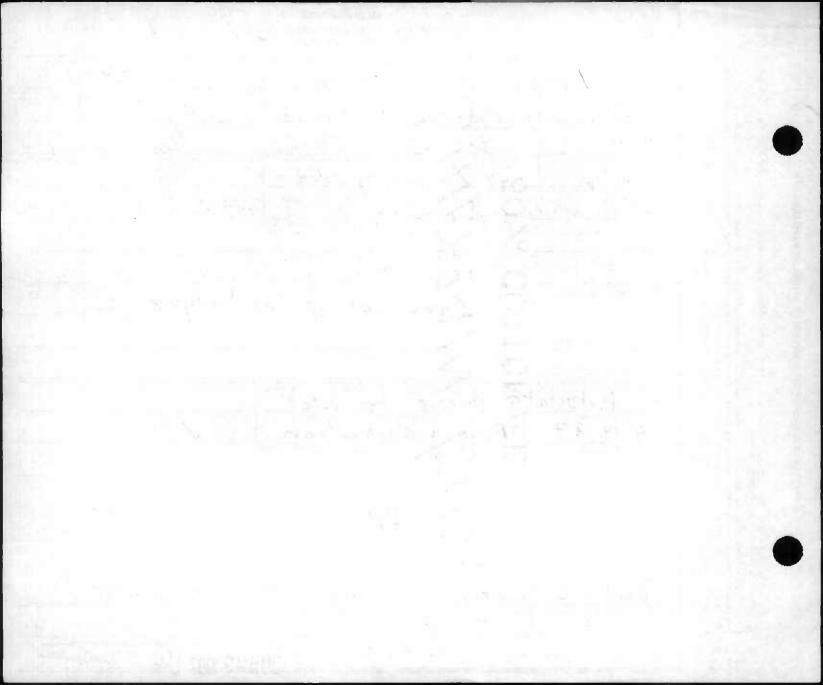
RFG.	NO	

0

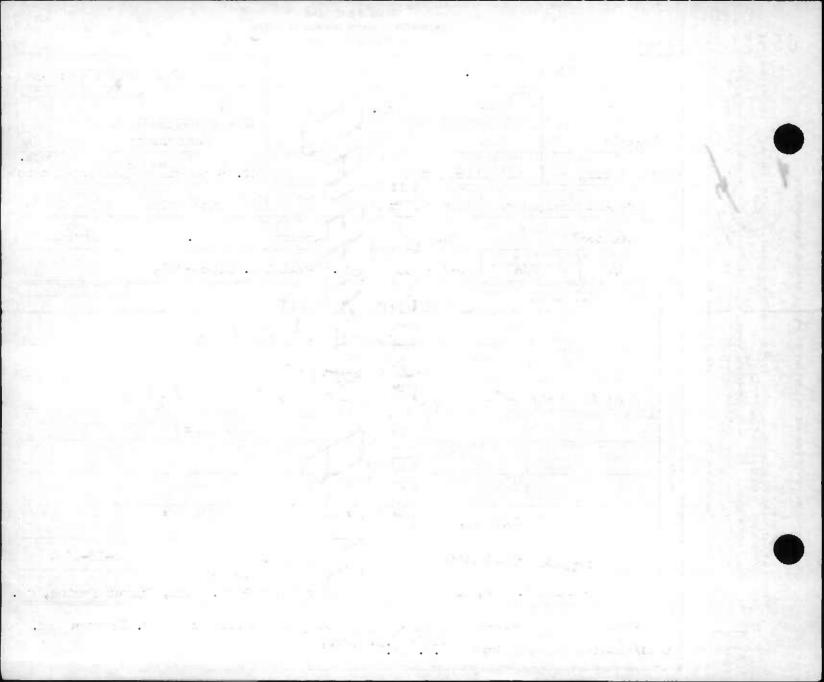
	REGISTRAR		CENTIFICATE O	DEATH	REG. NO.		
	1. DE CEASED NAME	WIDDLE	TO //	20 0	DATE OF DEATH MONTH	DAY YEAR 2b H	OUR
0-4	Hym	an s.	Betting	780	6/2	14/87 15	2 PM
	3. SEX	4 RACE	5. DATE OF BIRTH		GE (IN YEARS LAST BIRTHDAY)		DER 24 HI
	male	Caucasian	MONTH DAY	YEAR S LS	72 YRS	MONTHS DAYS HOU	R5 M
1.9	To. BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	Y? 8.	9 BA	ALTIMORE CITY OR COUNT	Y OF DEATH	
3/	New™York	11 SA.	MARRIED NEVE	DIVORCED [Mont	gomer	M
1 P	TO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER IN	NSTITUTION 12a	USUAL OCCUPATION	126 KIND OF BUS	INESS
凝)	5.1.	(IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	Blad Re	t. Salesman	Motion P:	icti
4	USUAL RESIDENCE (IF NURSING HOME)	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	Tra me	C. Dalesman,	PIOCION 1.	/
15	130 STATEN D 136 COU		WW . 134 INSIDI	_ //	STREET ADDRESS / ZIP COD		700
67	14 FATHER'S NAME	gomery Dilver	Joring YES	NO T	ol Universit	7 - 1va 1	01
47	FIRST Harry	MIDDLE BE't	tinger	Lena	MIDDLE	Ginsb	erg
3)4				HANT (ADMPRSA 7 C	17.5	Des
N/	(YES, NO ONLY) (IF YES, GE	VE WAR TOT DEALEST		MANI (son)		eneca View	
17	117.21	1330.	36578 Rich	ard A. Bet	tinger Gaithe		
#	18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b),	and (c).)	/ h		BETWEEN ONSET	NTERVAL AND DE A
1	PART I. DEATH WAS CAUSI	TE CAUSE (b) (av	CINDMS	of the	Larynx	Zurg	5.
ry, ar at		(c)CONTRIBUTING TO	<u>O DEATH</u> BUT NOT RELAT	TED TO THE TERMINAL	DISEASE OR CONDITION GI	VEN IN PART 110	
nlu	Metusto 190, DATE OF OPERATION 5-19-87 210. ACCIDENT WAS UNDERLYING	LT4 0191298	to b	reck			
ou A	S 190 DATE OF OPERATION	196. CONDITION FOR WHI		/		S, WERE FINDINGS U IFYING CAUSES OF D	
X	E 5-19-8+	HIVWSU	OBSTUCT	2001 V			
88	310. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
ea	OR CONTRIBUTING CAUSE OF DE	A	19				
ō	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	21f LOCA	ATION REET	CITY OR TOWN	COUNTY	STATE
rked	WHILE NOT WHILE AT WORK	TAT HOME STREET, FACTORY, OFFIC	E, PARM, ETC)		T		
e a	220.1 certify that (I) (this hasp	ital) attended the deceased from	n FTPVI	. 19 85	10 JUN	. 19 8 7, that (l) (we)
21 is	sow the deceosed plive or	ot) view the body ofter death.	ond that in (r	ny) (our) opinion death	occurred on the date and ha	ui and from the couse	s stated
e	22b Stonature	1) view the body offer deoth.	DEGREE			22c. DATE SIGN	ED
<u>=</u>	KALIM W.	11 Hillun	(M)	ATTENDING ME	EDICAL STAFF RECTOR PHYSICIAN	6-25-1	987
IMPORTANT	224 PHYSICIAN'S NAME (TYPE	OR PANATI OF THE PANATION OF T	22e ADD			, 1 7	
MPORTANT	DOU9 25 E	Fordnian	114	5 1916	St #402	Wash, L)(,
₹ ·	230. BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY	DE CREMATORY IS			
	(SPECIFY) Burial	6-26-1987 G	ate of Heave	≥n	Same of Spr.	ontgomery	STATE
-	24. FUNERAL DIRECTOR	1100/) N II 4	25- DATE DE			11
7/84	Hines/Trinaldi Fun	eral Home Simples	Spr. Md.	Zio. DATE KEC	C'D. BY REGISTRAR 256 REGIS	TRACE STATE	420

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



		FOR		DEDADY		FMARYLAN		rate 6-3	9 7		0
0.5 Jul	25	STATE REGISTRAR		DEPARI	CERTIFIC.			0 /	G. NO.	0 0	1
		EASED NAME EIRST ISAA	C	MIDDLE L.	BI	ACK		26. DATE OF DEAT		.5 1987	26. HOUR 9:50AM
3	. SEX	Male	4. RACE Whi	te	Jan.		1896	S. AGE (IN YEARS LA	ST BIRTHDAY) VRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
83	o. BII	THPLACE (STATE OR FOREIGN OUNTRY) irginia	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED C	NEVER MA	ARRIED D	9. BALTIMORE CIT			MI
20\ /1		ver Spring	11. NAME OF (IE NOT IN SU 616 E	HOSPITAL, NURSII CHFACILITY, GIVE STREET BLICK Dri	NG HOME OR	OTHER INSTIT	TUTION	IZO USUAL OCCU LTYPE OF WORK FOR M Ret. Sale	PATION OST OF WORKING LIFE SMAN	12b. KIND O INDUSTRY Lansbu	F BUSINDEPOR
met be	USUA 130. S	IL RESIDENCE (IF NURSING HOME O TATE 13b. COU Maryland Mont	NTY	Silver	Sprin g	I. INSIDE CIT	Y LIMITS?	STREET ADDRE	SS / ZIP CODE Drive		20904
50	4. FA	THER'S NAME Archibald	WIDDLE	Black	15		MAIDEN NAM Irbara	E MIDD	TE	Ľå	lyman
		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (HE YES, G	RMED FORCES? NA OR DATES)	577-03-3		Mrs. N		G. Black	odress c-wife		
rent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse pe ED BY: (TE CAUSE (o)		DIAC	ARA	LEST			APPROXI BETWEEN (MATE INTERVAL ONSET AND DEATH
njury, ar other tro	NO	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CALD LOM	CONDITIONS C	OR AS A CONSEQUENCE ON TRIBUTING TO	ENCE OF	OT RELATED T	pathy	ALDISEASE OR C	CONDITION GIVE	EN IN PART 10	2'
shows any ir	CERTIFICATION	19a. DATE OF OPERATION		DITION FOR WHICH	OPERATION V	VAS PERFOR	MED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
		210. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A	OF INJURY 		ic HOW INJI	URY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART I OR PART 2}	
morkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC }	II. LOCATION			OR TOWN	COUNTY	STATE
21 is mo		220.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did n	n_June	10, 19		hat in (my) (, 19 <u>86</u> our) opinion di	, toJune		and from the	
7. F Hea			world	mo				MEDICAL DIRECTOR PH	STAFF IYSICIAN []	6-15-	
with the State IMPORTANT: If		Ananth	a K. Rac	, MD		31 Uni		Suite 32 7 Blvd. H	East, Si	lver Sp	ring, M
	(urial, cremation, remova Burial	6-17-	1987 Ce	name of cem dar Hi]	1 Ceme	etery	Suitlan	d Pr.	George	
OM 7/84 F	lir	NERAL DIRECTOR Les/Rinaldi Fur	eral Ho	me \$9.5.	ON.H.	Ave.,	250. DATE	JN 1 9 108	RAR 256 REGISTI	RAR'S SIGNAT	Rondall

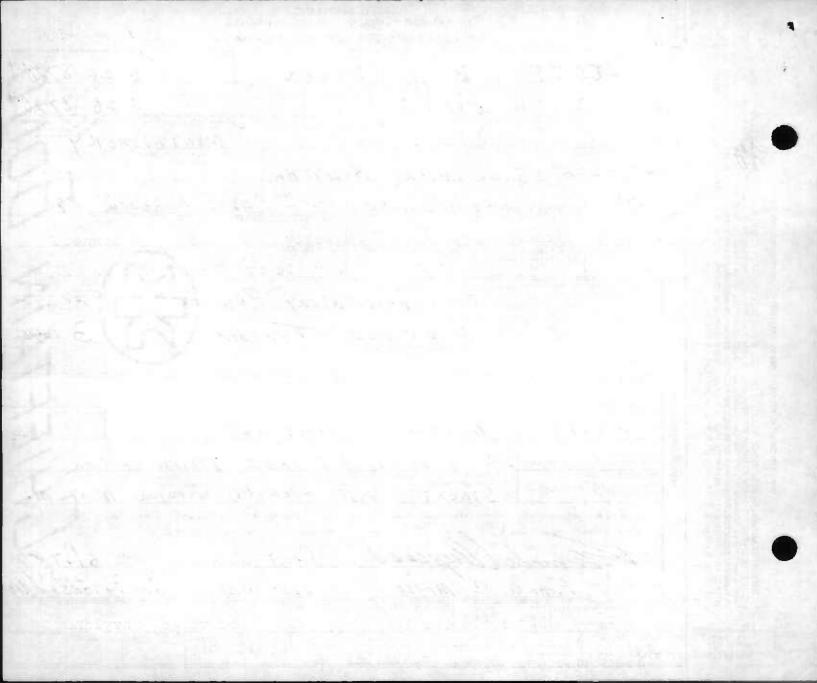


elmonth melecili .e.

THE PARTY OF THE P

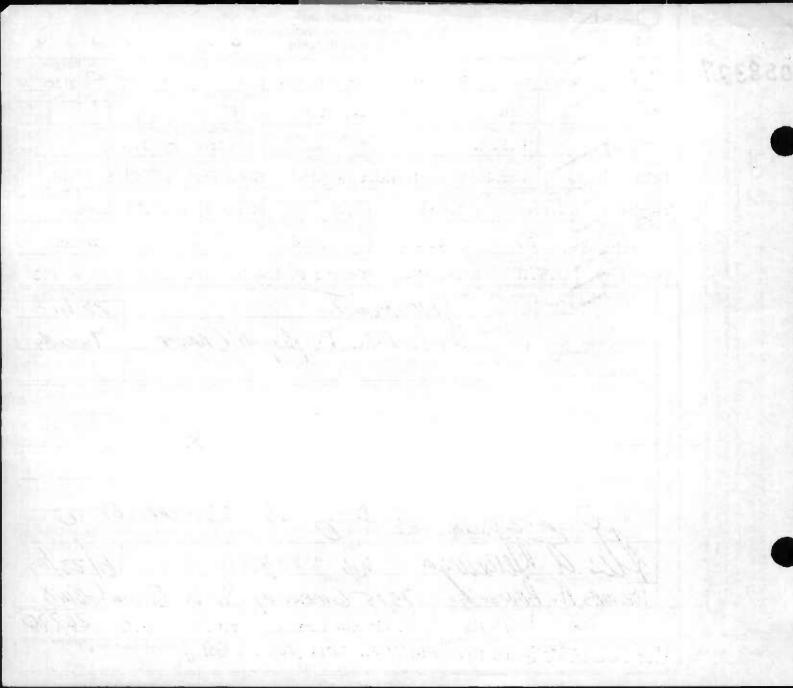
STATE OF MARYLAND

The second of th



1	FOR STATE REGISTRAR	DEPARTMENT OF I	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	FIENE A PREG. NO.	010
058327	I. DECEASED NAME FIRST	THE DEC	boteler, Sr.	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR 2120 M
ige 4 ma rector, pours after o	3. SEX Male	White S. DATE G. July	DF BIRTH 28, DAY 920 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF U	NDER I YEAR IF UNDER 24 HRS
death. Po	To. BIRTHPLACE (STATE OR FOREIGN Maryland	U.S.A.		Montgomery Coul	nty MD.
Trby the filed with	Takoma Park	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF WASHINGTON Adventis	or other institution st Hospital	Shop Foreman Ca	
AND 21	Virginia Wa	or other institution, give residence before admission; unity 13c. City or town rren Linden		Route 1, Box 396	226429999
ompletely and 2 s	14. FATHER'S NAME First Edward	D. Boteler	Hattie	MDDIE.	Wälker
be exection ond of the first Propes		ARMED FORCES? 166 SOCIAL SECURITY NO. GIVE WAR OR DATES 213-16-9829	George F. Bo	oteler, Jr. (Son) S	Same as #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the ding physician. When this certificate has been signed by the attending physician and completely filled thrub, as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. On the medical examiner must be middle the medical examiner must be middle or them.	Conditions, if ony, which gove rise to immediate couse Io1, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF T CONDITIONS CONTRIBUTING TO DEATH BUT		INAL DISEASE OR CONDITION GIVEN	72 his Twouly
F VITAL RECO	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	The same of the sa		200. AUTOPSY? 20b. IF YES, W IN CERTIFYIN YES NOW YES YES E	ERE FINDINGS USED G CAUSES OF DEATH? NO OR PART 7)
DIVISION OF TO HOSPITAL OR ATTENDING PHYSICIA retorined by the hospital or attending pi TO FUNERAL DIRECTOR: After this certif should be detoched for use as the burial-th with the State Dept. of Health and Mental IMPORTANT: If them 21 is marked or them	sow Me deceased alive	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) spital) ettended the deceased from on on 19 00 years theybody after death.	DEGREE	city or Town 19 death occurred on the date and hour on MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE That (I) (we) lost d from the couses stated TO DATE SIGNED
TO H O TO FU Should with th	230 BURIAL CREMATION, REMOV ISPECIEV) Burial	06/25/87 Fort Li	EMETERY OR CREMATORY COOL Cemeter	y Charles 1234 LOCATION y Brentwood P.G	DUNTY Mary Take
GG/DHAME 16 60M 7/84 (VRA 15, 4)	²⁴ F₩anciscGasch's 4739 [™] Baltimore	Sons Funeral Home, A AVenue Hyattsville, Mo	A. 20781 350E	E COC. B 1987 TRAR ZSA BEGISTRAN	SI SI CANTURE

DHMH 16 60M 7/84 (VRA 15, 4)



FOR STATE REGISTRAR

TYPE OR PRINT

	STATE	OF MARYLAND	
DEPARTMENT	OF HE	ALTH AND MENTA	AI

MIDDLE

Gene

EURENE

Byron

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

'S CERTIFIC	CATEO	F DE	TH/	REG.	NO.	/	0		1
BOWDE	wden		20 DATE OF DEATH	ESTI-		MONTH	DAY Je	YEAR 19	26, HOUR 5.43 A M
MONTHS DAYS	IF UNDER ?		PRONOUP DEAL	NCED		6-	//-	1987	24 HOUR 5:45 A

SEX 4	RACE	5. DATE OF BI	RTH				IF UNDE	R 1 YR.	IF UNDE	R 24 HRS.	2c. DATE	MONTH	DAY	YEAR
Male	Caucasia	n July	28,	32	54	YRS.	MONTHS	DAYS	Hours	MIN.	PRONOUNCED DEAD	6-	11-	1987
BIRTHPLACE (STA	TE OR	76. CITIZEN O	F WHAT	COUN	TRY?	8.	MARRIED	X NE	VER MAR	RIED	9 BALTIMORE CITY			
Florida	1	U.S	S.A.			V	IDOWED		DIVOR	CED 🗆	MONTGO	MER	40	DUN
Rether	F DEATH	11. NAME OF					ROTHER	INSTITU'	TION		UAL OCCUPATION (1 MOST OF WORKING LIFE)			

1	Bethesdo	(IF NOT IN SUCH	Burban Hospit	al	Natio	working Life) Direct	etor OR INDUSTRY Paper Co
1	AL RESIDENCE (IF IN II) 30 STATE Florida		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Jacksonville	13d INSIDE CITY LIMITS? YES MO	13e. STREET AL		99999 Blvd. #204
	FATHER'S NAME FIRST Wallace	MIDDLE	Bowden	IS MOTHER'S MAID FIRST Vera		WIDDLE	Oehler
3	WAS DECEASED EVER	(IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT	(wife)	ADDRESS	

Yes	Kore		264-40-2379	Judy W. Bowden	Same as	
PART I	OF DEATH (Enter only a DEATH WAS CAUSED BY IMMEDIATE (Υ:	Cardia	c arrest.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
gove couse (ans, if any, which rise to immediate b) stoting the <u>under-</u> ruse lost.	(b)	R AS A CONSEQUENCE OF	arterioscle	10512.	

NO	TAME TO THE STORT CONTINUES CONTRIBUTE	STATE OF RELATED TO THE TERMIN	AL DISCASE DE COMUTION GIVEN IN PART 1 10		
TAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?	2	B AUTOPSY?
TIFIC		3-1-1			YES NO
CAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF	FINJURY IN ITEM 18 PART 1 OR PART 2)	
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET CITY OR	TOWN COUNTY	STA

AT WORK AT WOR					,		
22a. I certify that I to	ak charge of the remains	escribed above, held an	Autopsy .	Inspection .	Inquiry .	and in my apinian	
death resulted fram:	Natural causes .	Accident, Su	icide . Hom	icide . Und	letermined monner		
ACTUAL	15h Om	e	TITLE (SPECIFY	FDICAL EVALUATED	DATE 6-	,

	ACTUAL SIGNATURE	Soh	00	· lu	M.D.DO		MEDICAL EXAMINER	DATE	6-11-87
and a	EXAMINER'S NAME	1.1			0	2011		Page	Trescer
	(TYPE OR PRINT)	doh	~	lauber	ADDRESS	8218	WISCON	SIN	Ave
3n B	URIAL CREMATION R	EMOVAL 73h DA	TE	134 NIAME OF CEME	EDY OR CREMATO	DV 23d	LOCATION		

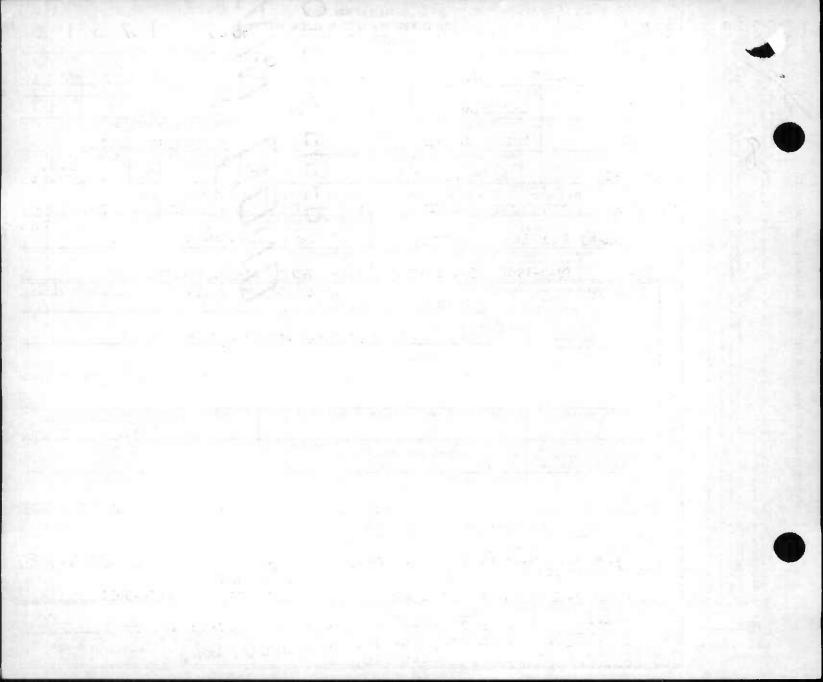
24 FUNERAL DIRECTOR NAME Capitol Funera	l Service, Fal	1s Church,	Virginia 250.	DAJUN DABY SEGAS	187 256 BELLER	AUXIGHMURS"	
Burial	15 June 87	Arlington	n Memorial	Park Jac	ksonville	Florida	STATE

(VR A15 ME (5))

(Some Turkett, Bowle MT 13 6052

Rockville.

(VRA 15. 4)



completely filled in by the funeral director. page 3 i Pand 2 should be filed within 72 hours after death

vii corbandapers. Pages

puo

must be worked of ore

be executed within 24 hours ofter death. Page 4

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

1	7	6	1	
		0	1	8

5	1	REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	0		
		CEASED NAME OR PRINT)	FIRST		VRENCE BOY		LAST	JUNE 14 1	MONTH D	AY YEAR	2b. HOUR P
	3. SE	x		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
		FEMALE		CAUCAS	IAN	MAR	CH 26 1902	85	YRS	ONTHS DAYS	HOURS MIN.
4		RTHPLACE (STATE ORF COUNTRY) WASHINGTON			WHAT COUNTRY? STATES	MARRIE WIDOWI	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	MD.
, /	10. CITY OR TOWN OF DEATH 11. NAM				HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACHTY, GIVE STREET ADDRESS) NAVAL HOSPITAL			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEMAK	OF WORKING LIFE)		OF BUSINESS OR
5	MAR	AL RESIDENCE (IF NURSI STATE CYLAND	13b. COU		GIVE RESIDENCE BEFORE 13t. CITY OR TOW BETHES	N	13d Inside City Limits? Yes \(\text{NO [\frac{1}{\text{X}}}\)	136.STREET ADDRESS 5600 DURB		D 208	14
)	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	
		WAYNE	LAWR	ENCE				BERTHA HAC	KNEY	100	
		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	SS		
	N	10					DAISY S.NORR	ORRIS, 5602 DURBIN ROAD, BETHESDA			
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	nly one cause per D BY: TE CAUSE (0)	line far (a), (b), and					BETWEEN	MATE INTERVAL ONSET AND DEATH
	NOI	cause (o), stating underlying cause PART 2 OTHER SIGN	lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 16	a
2	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
7						YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
-	MEDICAL	21d. INJURY OCCURR WHILE AT WORK NOT WH AT WORK	ILE 🗍	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F			CITY OR TOWN		COUNTY STATE	
		27a. I certify that (1) (this haspital) attended the deceased from									
		276. SIGNATURE DEGREE PAWARD P. FOR MD ATTE						MEDICAL STA		6/1	SIGNED
		22d. PHYSICIAN'S NA						AL HOSPITAL			
		EDWARD P.			C, USN		BET	HESDA, MD 2	0814-5	011	
	1	SURIAL, CREMATION, I		6/17/	87 Mt	. Con	emetery or crematory nfort Cremator	23d LOCATION Allexand	lria, V	AUNTY	STATE
		NERAL DIRECTOR 130 Wiscon						REC'D. BY REGISTRAR	256 REGISTR		TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shaws any

TO FUNERAL DIRECTOR, After this certificate has be should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Mygiene principle.

-	- 6
0	
24	5
-	0
27	-
¥	24
5	-
2	
24	-
E .	3.
2	- 72
-	- 2
ALC:	3
OK.	3119
¥	
2	4
**	-62
2	2
00	- 8
2	- 20
100	-
-	
5	2
2	
10	- 4
m	- 10
25	2/
3	T.
3	311
-	21
2	12.3
100	- 9
22	
0	- 2
5	2
SMI .	D
CEC	4.5
# .	.6.0
-	9
5	2.5
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	5.1
0	G 1
7	W 3
ō	2.4
8	A 5
27	- 1
2	0.5
0	5. 1
	ATTENDED PHYSICIAN. The low requires that the depart certificate the executed within 24 hours of baseded or chendral absolute.
	50.7
-	- 5
	of a
	ne d
	40.1
10	- 4
	1AL OR ATTENDING PHYSICIANI The
	1 par 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH 2b. HOUR 1987 William S. Bowman June 23 12:54 M 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 1915 Male White JMTV 18 71 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXIEVER MARRIED Maryland USA Montgomery WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O. CITY OR TOWN OF DEATH 124 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRYS GOVE. 3205 Regina Drivess Silver Spring Maryland 33205 Reginal Drive Montgomery Silver Spring 20906 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE William . Ruby Johnson Bowman 16b SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 577-05-1434 Marcella F. Bowman -wife-(same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), 4b), and (c). PART I. DEATH WAS CAUSED BY. CARDIO RESPIRATORY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 1 YETHR Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost as PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NONE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON 71b. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN STATE AT HOME, STREET, FACTORY OFFICE FARM, ETC) 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNER ATTENDING . MEDICAL 623 DIRECTOR PHYSICIAN PHYSICIAN 1106 Spring St. Silver Spring, Md. Arnold G. Levy, MD 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 6-26-1987 Gate of Heaven Silver Spring Montg. Md.

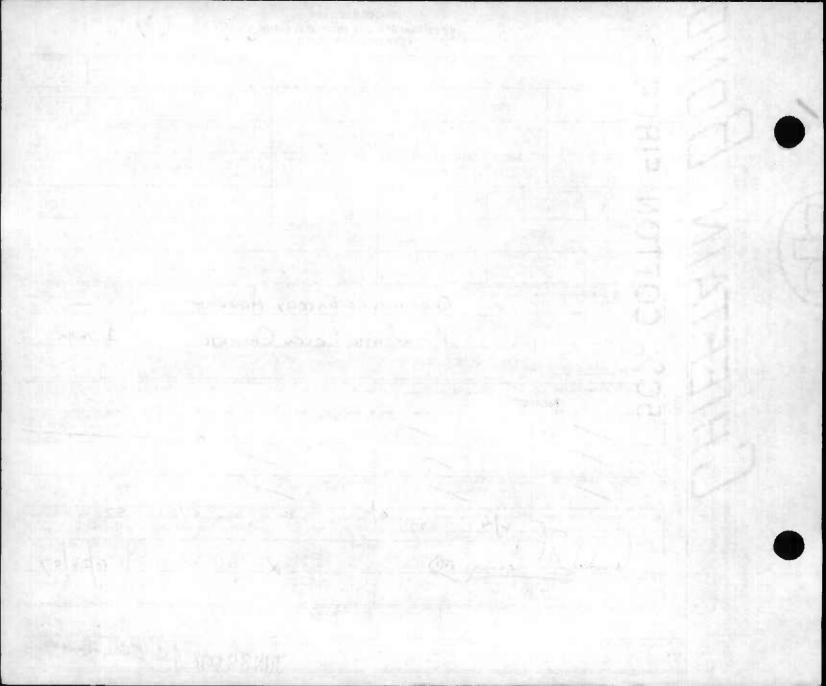
11800 Spr, H. Ave.,

BY REGISTRAR HE LEGISTER STEEL STEEL

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Hines Rinaldi Funeral Home

the Str



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN AKA SARKIS L- CARL TYPE OR PRINT BOYADJIAN OF DEATH MATED DIRECTOR. HOURS BOYDEN 3 SEX RACE 5. DATE OF BIRTH AGE (IN YEARS F UNDER 24 HRS. 2€. DATE MONTH DEAD To BIRTHPLACE (STATE OF CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY MARRIED . NEVER MARRIED FOREIGN COUNTRY New York USA WIDOWED DIVORCED CAV CITY OR TOWN OF DEATH 176 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! Contractor 20879 13a. STATE 13d. INSIDE CITY LIMITS? FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST FIRST BALTIMORE Karekin <u>Oghayvine</u> Zahrajian 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO ADDRESS (IF YES, GIVE WAR OR DATES Yes 108-16-7475 Lucu Bouden CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYS Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HEA DI PRICE TO BURIAL, C 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO P YES 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY SHOULD B 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR!
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND Inspection 1 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinion death resulted from Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUA) DATE June 131 SIGNATURE MEDICAL EXAMINER John (TYPE OF PRINT) Rogers ADDRESS 1919 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Gate of Heaven Cemetery Silver Spring Montgomery Md 07/84 BP 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Silver Spring.

entition of the visit 11 1 1 1 1 T

11 10 0 0 0 0 1/1 HOLLOW 1011 3212 1-501

in a cocks H.T. 1970 Serience Spring 11.

In. 17 1987 Pate of Leaver Penetern Silvet Saking Penitranets Pa 500 Lievensite But. W. Silver Spring 'id. TO FUNERAL DIRECTOR: After this certificate has been signed by the omending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event,

STATE	OF	MARYL	AND
JIMIL	VI	WWWIL	ANU

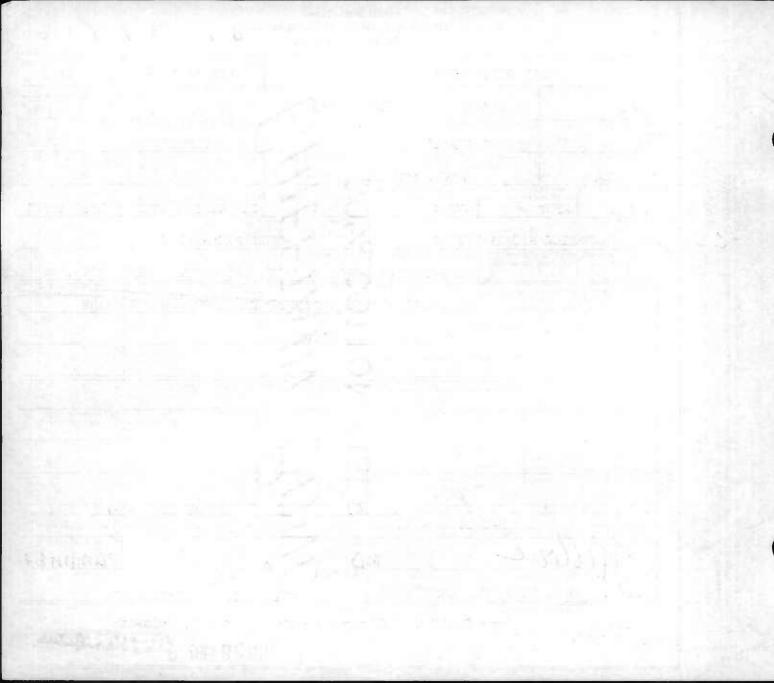
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	8	7	7	b	1
	•	REG. NO.	•	-	

00	10-	FOR STATE REGISTRAR		DEPARTA	CERTIF	IEALTH AND MENTAL HYG	IENE 8 7	10.	7 0	10
		CEASED NAME FIRST E OR PRINT) MA	RY OLIV	E BOYD		AST	20. DATE OF DEATH MAY 21	MONTH E	DAY YEAR	26. HOUR P 5:05 M
	3. SE	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	EMALE	CAUCAS	IAN	JUI	Y 8 1924 YEAR	62	YRS.	AONTHS DAYS	HOURS MIN.
1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
/		NGLAND	UNITED	STATES	WIDOWE		MONTGOME	ERY		MD.
-	1	BETHESDA		HOSPITAL, NURSIN CH FACILITY, GIVE STREET NAVAL H	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEMAK)	OF WORKING LIFE	17b. KIND O INDUSTRY	F BUSINESS OR
1	DE	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU! LAWARE KENT	YTY	13c. CITY OR TOW DOVER		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 218 WINTER			19901
1		ATHER'S NAME FIRST FREDERICK		WRIGHT			EL MICHAELS		LAS	1
7		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
7		NO		292-26-	3803	JACK T. BOYD	, 218 WINT	ER BERI		
		18 CAUSE OF DEATH (Enter or	ly one couse pe	r line for (a), (b), one	d (c).)				BETWEEN	MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (a)	PAPILLAR	Y SER	OUS CYSTADENO	CARCINOMA	OF TH	E OVARY	
	NO	gove rise to immediate couse (a), stoting the underlying couse last. PART 2 OTHER SIGNIFICANT ((c)_	OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVI	EN IN PART 10	2
	CERTIFICATION	19a DATE OF OPERATION	19b. COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	OF DEATH?
,		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A	DF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		220.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no	MAY	21 19		L_28, 19_87 nd that in (my) (our) opinion o	to MAY	21 ate and hour	ond from the	that (It (we) last couses stated
		27h SIGNATURE UUOT	re		W	THE THE PERSON NAMED IN COLUMN TO PERSON NAM	MEDICAL STA DIRECTOR PHYSIC		22c. DATE 26 1	41 11
		G. R. MOORE,	LCDR, M			BETH	L HOSPITAL ESDA, MD 20	0814-5	011	
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial				emetery or crematory lows Cemetery	Camden,	-		STATE
	HUH	Home Home	11800 N Silver	lew Hampsh Spring, M	ire A	Ave.	UN29 1987	25 REGIST) Cold Cold	A BOOK OF THE PARTY OF THE PART

- 16 60M 7/84 (VRA 15, 4)

retained by the hospital or attending physician.



		FOR	DEPA		E OF MARYLAND EALTH AND MENTAL HYG	HENE O "7	175	17
63333		STATE REGISTRAR			ICATE OF DEATH	REG. NO) / U	1
be be softh		CEASED NAME FIRST OR PRINT) ALBEA	RT H	B	OVER		MONTH DAY YEAR	26 HOUR 640 PM
may r. pag	3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEA	
oge 2	_	MALE	WHITE	5E1		77	YRS.	
dearn P	(RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNT	MARRIE WIDOWE		9 BALTIMORE CITY O	NT GUMERY	MD.
by the fulled with	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES ALTHEA WOOD)	TREET ADDRESS)	PROTHER INSTITUTION	120 USUAL OCCUPATION OF STEAM ENGLA	WORKING LIFE) INDUSTR	OF BUSINESS OR
A hound	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN MON		TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	20902
ompletely and 2 sh	14 FA	THER'S NAME SOLL	MIDDLE BOVE	2	15 MOTHER'S MAIDEN NAME OF THE PROPERTY OF THE	ME MIDDLE		LLET
e execute Poges 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	3-8856	IT INFORMANT HELENA E	ADDRE		
law requires that the death cer is been signed by the ottending ermit. Then please remove carbo e prior to buriol, cremation, ar resony injury, ar other traumotic e	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (19) DATE OF OPERATION	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	EQUENCE OF		MINAL DISEASE OR CONT	DITION GIVEN IN PART 206 IF YES, WERE FINE IN CERTIFYING CAUST	DINGS USED
an: The obysician ificate he transit pol Hygien	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO	YES	NO []
offending (offending) fer this cert is the burial on ond Menti rked by Item	MEDICAL	(IF EITHER, NOT IFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFI	19 FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
attendin spitol or CTOR: Af Afor use o : af Heofili n 21 is mo			1 / 17	1987.01	nd that in (my) (corresponden	deoth Sourred on the do		
by the hore the hore the hore the detached of the Depth o	9	226 PHYSICIAN'S NAME CLYPE C	Thinkle m	À	DEGREE ATTENDING PHYSICIAN Z	MEDICAL STAF		9-87:
o Hospita etoined by TO FUNERA should be de with the Stot		SERUCIT T.	KIMBLE.	M.D	9801 Dec	yer brene	· Filmer Sy	rring Mil
BP		Burual Burual	23b. DATE JUNI 12, 1987	Parkla	un Cunitun	Kickve	XLE. COUNTY	mil
DHMH - 16 60M 7/84 (VRA 15, 4)	74 FL	Konn Funnel Had	& A NATURE 252	Marrell.	SUNDOCT JEDAT	REC'D. BY REGISTRAN	25b. REGISTRAR'S ISLOW	ATURE

4.8EST H BEYER White the same of Francisco Miles 6.2-4 STATES STREET METHOD AND SOUTH STREET, THE PROPERTY OF THE PROPERTY O ampletely filled in by the funeral director, page 3 Land 2 should be filed within 72 hours after deoth

mustibe notified at once.

IMPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, or other traumatic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending oblysis should be detached for use as the burial-tronsit permit. Then please remove corbon-kapp with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar remava

	FOR
1	STATE
1	REGISTRAR

STATE OF MARYLAND **DEPARTMENT OF HEALTH**

AND MENTAL HYGIENE	7	100	7	0	O Company	B
OF DEATH	REG. NO.					No.

10	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		<i>2</i> -
	CEASED NAME FIRST	WIDDLE		AST		ONTH DAY YEAR	Zu HOOK
(117)	CATHERIT	VE	E	30 YLE	6-30-	-87	10:30 pm
3. SE	× Female	1. RACE white	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAT	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR MONT	COUNTY OF DEATH	MD.
To	ity or town of death skoma Park	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE Washington Adve	ntist		12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOUSEWIFE		
13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN P.		VN	13d. INSIDE CITY LIMITS? YES (NO 15. MOTHER'S MAIDEN NA/	130.STREET ADDRESS /	zip code t. Apt 203	20783
	Doyle	Dick LAST		Henrietta	WIDDLE	Youse	LAST
	NAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI NO	MED FORCES? 16b SOCIAL SECTE WAR OR DATES) 220-28-		Stephen J.Bo	yle same as	above	ROXIMATE INTERVAL EN ONSET AND DEATH
CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH?
= =		THE OF BUILDY		Tata How halling occurre	YES NO	YES	NO 🗌
MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AL WORK	TH HOUR A.M. MONTH D	19	21t. HOW INJURY OCCURE 21t LOCATION STREET	CITY OR TOW		STATE
	saw the deceased alive on above, (1) (we) (did) (did no 27% SIGNATURE	mpuunghy		A THE STATE OF THE	, to death accurred an the date at	22c. DA	_, that (I) (we) last the causes stated ATE SIGNED
	PIMOLVARN L	RPRINT) IMPUANGTHIP		6301 River	dale Rd R	liverdale M	ld 20737
	BURIAL, CREMATION, REMOVAL (SPECIFY) burial UNERAL DIRECTOR		Ft. L		23d LOCATION CITY OR TOWN Brentwood E REC'D. BY REGISTRAR 2		Md STATE

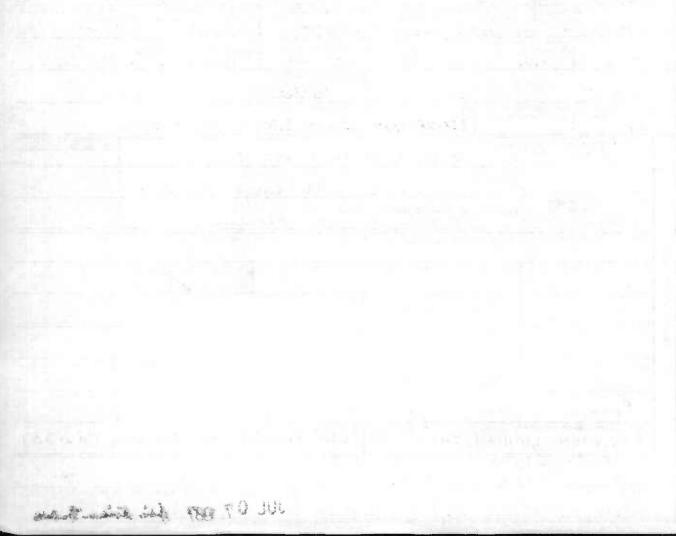
DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

Donaldson Funeral Home P.A. Laurel, Maryland

JUL 07 1987 Sie Bin 1

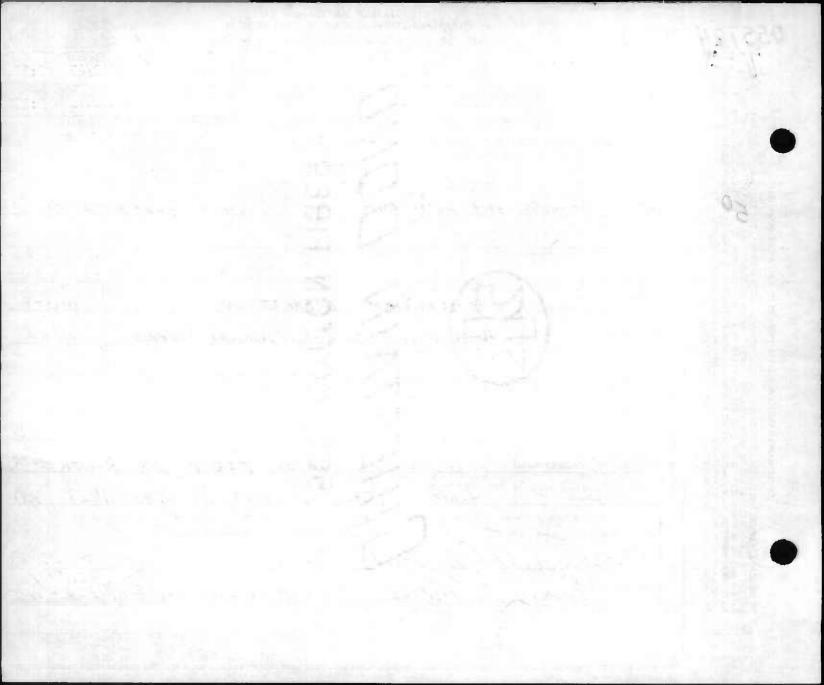


FOR STATE REGISTRAR		DEPA	STATE OF MARYLAN ARTMENT OF HEALTH AND ME CERTIFICATE OF DE	NTAL HYGIEN
ECEASED NAME	FIRST	WIGDIE	LAST	20
PE OR PRINT)	mark 6 th		70	

(TYP	CCEACED NIA ME	FIRST	WIGDLE	IFICATE OF DEATH	REG. NO.	
	ECEASED NAME E OR PRINT)	Esther		Brady	20. DATE OF DEATH MONTH	30-87 26. H
3. SE	Female	4 RACE	MO	E OF BIRTH DAY 19. 24. 1905	6. AGE (IN YEARS LAST BIRTHDAY) 81 YR	MONTHS DAYS HOU
	SIRTHPLACE (STATE OR COUNTRY) New York		CH A	RIED NEVER MARRIED NEVER MARRIED NEVER DIVORCED	9 BALTIMORE CITY OR COU	
7	ity or town of de Bethesda	(IF NOT IN	DFHOSPITAL, NURSING HOM SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Author	12b. KIND OF BUS INDUSTRY Childrens
7 USU	JAL RESIDENCE (IF HUI STATE	SING HOME OR OTHER INSTITUTI 13b. COUNTY	ion, give residence before admission of the lambda of the	1136. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3023 - 44些 S	t., NW/20016
exam)	ATHER'S NAME FIRST Lawrence	WIDDLE	Wood	15. MOTHER'S MAIDEN NA FIRST Ida	WICCLE	Eby
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	R IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	578-62-3102		10146 Creeker, Kensington	stwood Road n, MD 2089
ar ather traumatic event,	Canditians, if any	DUE TO, which (b)	OR AS A CONSEQUENCE OF Renal Fai	luce	ral Thyomb	approximate in Between ONSET,
	underlying cous	e lost.	OR AS A CONSEQUENCE OF	nt Historic	ytic Lynny	thoma 3
y injury,	Kectal	adensca	1 cinoma		IINAL DISEASE OR CONDITION	
S A CERTIFICATI	Re ctal	ATION 19b. COM - 87 CA DERLYING 21b. TIME		ION WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS U RTIFYING CAUSES OF DI YES NO
shaws any	Re clad 19a. DATE OF OPERA 5 - / 3 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR	ATION 19b. CON 87 CAUSE OF DEATH CAUSE OF DEATH CALEXAMINER) 121b. TIME (AT HOME, (AT HOME,	NOTION FOR WHICH OPERAT CLU MILE OF INJURY	ION WAS PERFORMED PERFORMED 21c. HOW INJURY OCCURI	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS U RTIFYING CAUSES OF DI YES NO
If Hem 21 is marked or Hem 18 shows any MEDICAL CERTIFICATI	Re clad 19a. DATE OF OPERA 5 - / 3 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIN 21d. INJURY OCCUR WHILE ATWORK ATWO 22a.l certify that (I saw the deces	ATION 19b. CON - 87 CAUSE OF DEATH CALEXAMINER) RED 21e. PLAC (AT HOME, ORK (AT HOME)) (this hospital) attended	NDITION FOR WHICH OPERATE A. C. L.	21f. HOW INJURY OCCURING 21f. LOCATION STREET Ded that in (my) (aur) apinion DEGREE ATTENDING	200. AUTOPSY? 20b. IF IN CEI YES NOT	YES, WERE FINDINGS U RTIFYING CAUSES OF DI YES \(\text{\tint{\text{\tint{\text{\tin\text{\texit{\text{\text{\texi\text{\text{\texi\text{\text{\text{\text{\texit{\texi{\texi\tint{\text{\texit{\text{\texi\tiexi{\texi{\texit{\texi{\tex{
IMPORTANT: If them 21 is marked or them 18 shows any	21d. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIT AT WORK NOTIFY AT W 22d. I certify that (I saw the decease above (I) (we) 22d. PHYSICIAN'S N	Adeno Car ATION 19b. COM BY 21b. TIME CAUSE OF DEATH HOUR CALEXAMINER) 21e. PLAC (AT HOME, ORK (this hospital) attended edid) (did not) view the ba AME (TYPE OR PRINT) les P. Duval	DITION FOR WHICH OPERAT ACL MANA F.M. 18 CE OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.] The decepsed from 1 30 - 19 dy offer death.	21c. HOW INJURY OCCURING 21f. LOCATION STREET 21f. LOCATION Degree ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? 200. IF IN CEL YES NOTE NATURE OF INJURY IN ITEM CITY OR TOWN 10 death accurred pn the date and	YES, WERE FINDINGS URTIFYING CAUSES OF DI YES NO 18, PART 1 OR PART 2) COUNTY 19 , that (I haur and fram the causes

DHMH 16 (60% 7/73 (VRA 15 (4))

, , End to water the sec - Local Company Company Company Company Company 3.000



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q

	1 2	1	5 3
1	1 /	0	Lan
REG NO			110

Adia Sicideon Pandore

To BIRTHPLACE (STATE OF FOREIGN TO BEATH CERTIFICATE OF DEATH LAST Woodrow Brashears S. DATE OF BIRTH MONTH DAY YEAR To BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? B.	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 06 - 30 - 8 -
3. SEX A RACE S. DATE OF BIRTH MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
3. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR NO 05 13	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Male Caucasian 10 05 13	MONTHS DAYS HOURS MIN.
	70
70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
MD USA WIDOWED DIVORCED	11 - 4
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	N 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR
Takoma Park Washington Adventist Hospita	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Manager Safeway
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF SERESIDENCE BEFORE ADMISSION) 130. STATE 136. CITY OR TOWN 136. INSIDE CITY LIMIT	
Ma Monta Silver Spring YES □ NO I	
14 FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEL	
Lee Brashears Susie	Cullen
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
	U. Brashears/wife same as 13
18 CAUSE OF DEATH (Enter only one couse per line for 101 for and 101.) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0)	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which (b) on MA	revente un
gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	V/3
underlying couse lost. (c) Company (M)	12
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	ETERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 ACCIDENT WAS JUNDERLYING 216 TIME OF INJURY OF	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
11 ACCIDENT MASJUNDERLYING 21b, TIME OF INJURY 121c HOW INJURY OF	YES NO YES NO
	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH DOWN A.M. 19 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET STREET	
21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET	CITY OR TOWN COUNTY STATE
AT WORK AT WORK	
270 I certify that (I) (This haspital) divended the deceased from 1995 sow the deceased alive on 1997 and that in my (pur) and	pinion death accurred on the date and hour and from the causes stated
obove, (I) (we) (did) (did not) view the body offer death. 22b. SIGNATURE DEGREE	
ATTENDIN	
PHYSICIAN S NAME (NE OF PRINT) 220 ADDRESS	IAN DIRECTOR PHYSICIAN
122. ADDRESS	
111 1111	en Va I I I I
HI MARTINA THOCA	mulling aprime Pent
230. BURIAL, CREMATION, REMOVAL 236 DAVE 236. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN COUNTY STATE

20901

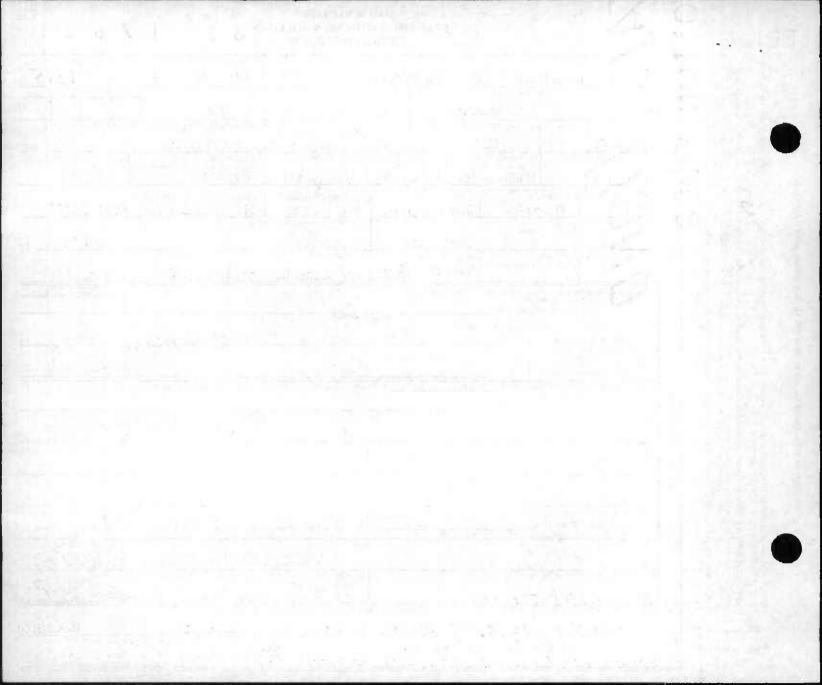
MD

W Silver Spring.

DHMH - 16 60M 7/84 (VRA 15, 4)

500 University Blvd.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other trail



IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medica

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detoched for use as the burial-transit permit. Then please remaye carbon poper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

attending physicion and a

058292

death. Poge 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 0

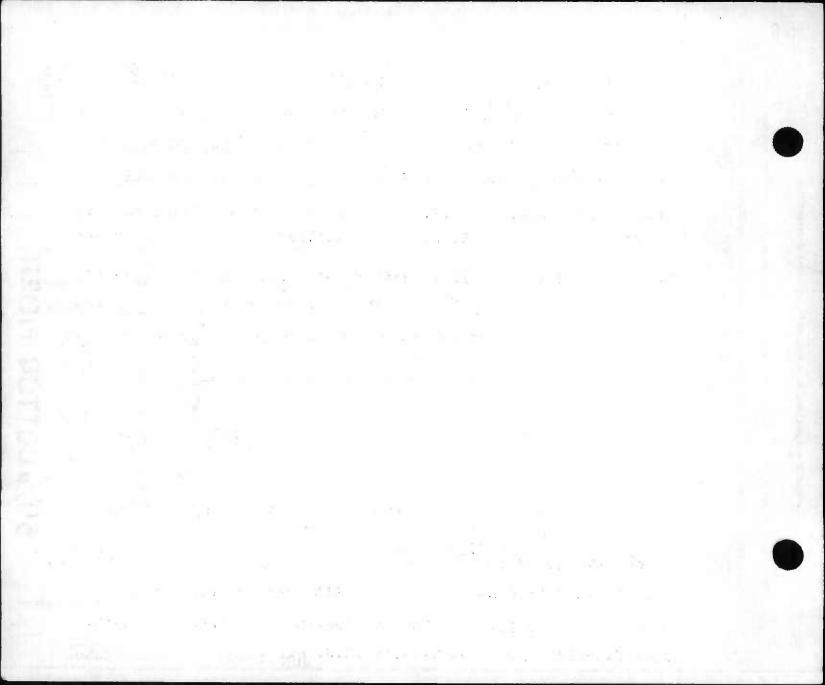
1	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL		REG. NO.	7 0	4	4
	CEASED NAME	FIRST	Town I I	WIDDLE	L	AST	2a. D.	ATE OF DEATH MON	NTH DAY	YEAR	26 HOUR 8:0
		Ruby		н.	Bre	merman		Jur	ne 24.1		a. M
3. SE	x		RACE		5. DATE C			E (IN YEARS LAST BIRTHDA	(Y) IF UNDE		IF UNDER 24 HRS HOURS MIN.
	Female		Whi	te	Dec.	-1		74	YRS.	DATS	MIN.
7a. B	IRTHPLACE (STATE OR	FOREIGN	b. CITIZEN OF		TRY? 8	D NEVER MARRIED	9 BA	LTIMORE CITY OR C	DUNTY OF DE	ATH	
	VIRGINIA		U.S.		WIDOWE	DIVORCED		Montgomery	Count	V	MD.
10 0	ITY OR TOWN OF DE	ATH		HOSPITAL, NI		OR OTHER INSTITUTION		ISUAL OCCUPATION OF WORK FOR MOST OF WO		KIND OF	BUSINESS OR
	Olney		Montg	omery	General	Hospital		PERATOR		TELEF	PHONE
년5U 13a.	IAL RESIDENCE (IF NUR STATE	13b COUN	THER INSTITUTION	136 CITY OR		13d INSIDE CITY LIMI	TS? 13e.S1	REET ADDRESS / ZI	P CODE		
Ma	aryland	Mont	gomery	Rock	ville	YES NO] 9	O Monroe S	Street ?	<i>#</i> 504,	20850
14. F.	ATHER'S NAME	N	IDDLE	LAS		15. MOTHER'S MAIDE	NAME	MIDDLE		LAST	
	HILARY			GIENGE		C.	H	LIZABETH	P	RICE	
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT	-	ADDRESS	5004	STONE	RD.
	YES	WW.		577-0	1-0207	PAUL A. B	REMERM	AN			1d.20853
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only	one couse per	line for (o), (l	or, and (c)					APPROXIM SEIWEEN ON	ATE INTERVAL
	PART I. DEATH V	MAS CAUSED IMMEDIATE		12	ran 11	NON				In	~
			DUE TO, O	R & ACONS	EOUENCE OF	+ ,				5	h?d.
	Conditions, if any		(b)_	Ch	x Omo	malosi	5	,		1	Your
	gove rise to im couse (a), stati	ng the	DUE TO, O	R AS A CONS	EQUENCE OF	- 6	001	.77.01		0	9
	underlying cous	e lost.	(c)		axa	nova '	100	ν •X		1	M
NO	PART 2. OTHER SIG	NIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TRMINALD	DISEASE OR CONDITION	ON GIVEN IN I	PART 110	
MEDICAL CERTIFICATION	190 DATE OF OPERATION 196 COND		ITION FOR W	HICH OPERATIO	N WAS PERFORMED			b. IF YES, WERE I CERTIFYING (YES [
G	21a. ACCIDENT WAS UN		21b. TIME C		DAY YEAR	21c HOW INJURY OF	CCURRED (E	NTER NATURE OF INJURY IN	ITEM 18 PART I OR	PART 2)	
CAL	OR CONTRIBUTING		TI T	M.	19						
ED	21d INJURY OCCUP	RRED		OF INJURY	FFICE FARM, ETC.)	TH. LOCATION		CITY OR TOWN	CO	UNTY	STATE
2	AT WORK AT WO	ORK	11.1	niet, racioni, oi	THE PARM, ETC.)	1	7	11-1	0	7	
	220.1 certify that (I	-	i) dtended.	edeceased fo	26	19	03, to	02	. 19_	1	of (I) (me) lost
	sow the deceo	sed alivinan	view the body	after death.	19, or	nd that in (my) (and op	pinion death o	occurred on the date of	and hour and fo	om the co	ouses stated
	339 SHEWNER	A	Ri	~	de	DEGREE ATTENDI PHYSICI		DICAL STAFF	22	TATE S	4187
	774 PHYSICIAN'S N	AME ITHE	FERRIT)	9	22e. ADDRESS	AI4 E DIKE	CTOK [] THISICIAL		-	119
	Charles			D.				ilip Drive	e, Olne	y, MI	20832
23a.	BURIAL, CREMATION (SPECIFY)	REMOVAL	23h DATE	0-		EMETERY OR CREMAT		LOCATION CITY OR TOWN	COUN	ITY	STATE
_	CREMATION		6-254	1987	CHAMBE	RS CREMATO		RIVERDALE	7	G.C.	Md.
24 F	UNERAL DIRECTOR			ADDI	R£55	50310	o. DATE REC'I	D. BY REGISTRAR 256.	REGISTRAR'S		RE
	W. W. CHAI	MBERS (CO. INC	. SI	LVER SPF	RING, Md.	JOT (T 1901 1.	Company (e)		iradi.

Particular to the second of th TIME TO THE CONTROL OF THE CONTROL O The state of the s . N. CHATELE CO. IV. BERTH TERRY.

	STA	TE OF M	ARYL	AND	
DEPARTMEN	TOF	HEALTH	AND	MENTAL	
-	DTI	FICATI	OFF	PATH	-

******	7	0	2

621 JUN	18-	FOR STATE REGISTRAR	DE	PARTMENT OF HEAL	TH AND MENTAL H	reg. No	7 5 2 0
may be page 3 ter death		CEASED NAME FIRST	4 RACE	S. DATE OF B		20 DATE OF DEATH MOD	9 87 25%
th. Page 4 rol director 72 haurs of		RTHPLACE (STATE OR FOREIGN COUNTRY)	Black. 76 CITIZEN OF WHAT COUNTY 125 A	MARRIED	ZŽ ŽŽ NEVER MARRIED		YRS.
s ofter death.	10:C	TY OR TOWN OF DEATH LUER SPRING	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV			120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
ily filled in should be	130. 3	AL RESIDENCE OF NURSING HOME OF TATE 13b COULD M.	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY O	S YI	. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	#13(1X)
completely fond 2 shows		Arthur	MIDDLE Bre		LilTian		Brooks
Poges for	1	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		nformant Mabel Bre	ADDRESS	
that the death certificate by the attending physici ease remove carbon papes of, cremation, ar removal,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (ol., stoting the underlying couse lost.	ED BY: TE CAUSE (0)	eta Stat ISEQUENCE OF A o Cave	•	of Colo	APPROXIMATE HITERVAL BETWEEN ONSE! AND DEAT 4-405
ow requires the been signed mit. Then ples priar to buria any injury, ar	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION			200 AUTOPSY? 20	ION GIVEN IN PART I 10 ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: The k ending physicion. this certificate has be burial-transit per ad Mental Hygiene d or Irem 18 shows	IEDICAL CERT	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF ETIMER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	H DAY YEAR	LOCATION	JRRED (ENIER NATURE OF INJURY IN	
TTENDING pitol at attention at the cate of the cate of the cate of the cate of Health at at Health at the cate of Health at the cate of th	*	WHILE NOT WHILE AT WORK 22a I certify that (1) (this hasp sow the deceased alive or above, (1) (we of this) (declared)	// /0	from NOV.	. 19_\$	6 10 6/9	ond hour and from the couses stated
by the hor		276 SIGNATURE 274 PHYSICIAN SNAME (TYPE)		NO DEC	ATTENDING PHYSICIAN e ADDRESS	DIRECTOR PHYSICIAN	
TO HOS retoined TO FUN should be with the	23n	G. Leonard		737 NAME OF CEMI	8630 Fe	enton St.S.S	.Md.
BP	В	urial	6/12/87	Gate of	Heaven	S.S.	Mont. State
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director ines/Rinaldi	11800 New AD	Hamp.Ave.		15 1087 Julis	Deviden Rendell



057760 JUN 2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

JUN 2 5 1987 June Dender Construe

	CEASED NAME	FIRST	N	NIDDLE	L.	AST	2	O. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR FM
{TYPE	ORPRINT	4	G		BREI	WER		6-20-87		19:10 M
3. SE			RACE		5. DATE C			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	Female		Whit	е	6 MONTH	7 05	AR .	82 YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIE	9	BALTIMORE CITY OR COUN	TY OF DEATH	
	Wash. D.C.		USA		WIDOWE		D D	Montgomery Cour	nty	MD.
	ity or town of deat akoma Park		(IF NOT IN SUCI	IOSPITAL, NURSIN HFACILITY, GIVE STREET Ldventist	A OORESS)	or other institution		2d USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING homemaker	LIFE) INDUSTRY	of Business or
		13h COUNT	Y	GIVE RESIDENCE BEFORE 134. CITY OR TOW Beltsv	'N	13d. INSIDE CITY LIM	ııs? lı	sstreet address / zip co	PERA 207	05
	ather's name Charles	Norma	oole N	Merillat		Nellie	EN NAME	WIOOTE	Shelto	n.st
	WAS DECEASED EVER I YES, NO OR UNKNOWN)		ED FORCES? WAR OR OATES)	166 SOCIAL SECU 579-20-6		Doris A.	Masor	ADDRESS n same as #13		
TION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								GIVEN IN PART 1	
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDO OR CONTRIBUTING COLOR (IF ETHER NOTIFY MEDIC 210. INJURY OCCURR WMILE NOTIFY ACCURR AT WORK A TOWN AT WORK A TOWN 220. I Certify that (I) sow the decease above (I) (we) (d 272b. SIGNATURE	ERLYING AUSE OF DEATH ALEXAMINER) ED (this hospito d olive on id) (did not) ME (TYPE OR)	21b. TIME O HOUR A./ 21e. PLACE (AT HOME, STR	FINJURY M. MONTH D. M. DFINJURY EET, FACTORY, OFFICE, P De deceased from L 20 19 after death. 7 5 2	AY YEAR 19 FARM, ETC.)	21f LOCATION STREET	86 pinian dei	YES NO IN CER VENTER NATURE OF INJURY IN ITEM I CHY OR TOWN The control of the date and haccurred on the date and haccu	COUNTY	S OF DEATH? NO STATE
	burial, cremation, i furtal	REMOVAL	6/24/8	37 ^{23c. 1}		ncoln Ceme		Brentwood Pr	ince∾Gec	orge Md

4400 Powder Mill Rd Beltsville Md 20705

DHMH - 16 60M 7/84 (VRA 15, 4)

Dona Done V. Borgwardt

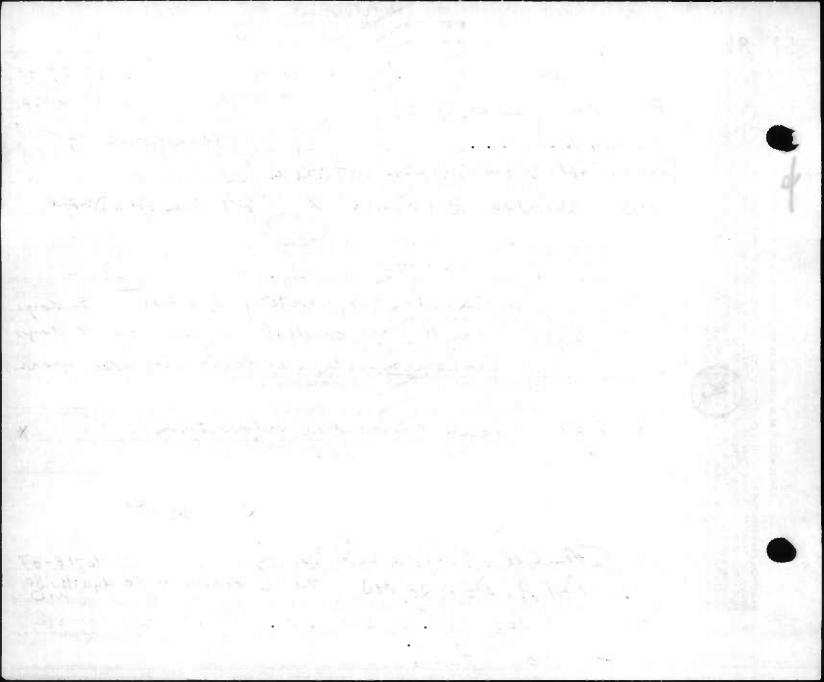
BP.

should be detected for use with the Store Dept. of Health. TO FUNERAL DIRECTOR: A

1 - STATE

REGISTRAR

20 98 45 98 Wint



page 3 er death

	TA	TE OF M	ARYL	AND	
DEPARTMENT	OF	HEALTH	AND	MENTAL	H

7	ě	1	12	. 1
1	5	1	0	-
REG. NO.				

FOR - STATE REGISTRAR	DEP		ALTH AND MENTAL HYGI CATE OF DEATH	ENE 8 7	17026
1. DECEASED NAME FIRST (TYPE OR PRINT) 7200		Br	DOKS	20. DATE OF DEATH MON	0-22-87 540 M
Female	White	S. DATE OF	BIRTH 0, 1893 YEAR	6. AGE IN YEARS LAST BIRTHDAY	YRS.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF WHAT COUN	MARRIED WIDOWED	☐ NEVER MARRIED ☐	Montgomers	DUNTY OF DEATH
Bethesda Bethesda	11. NAME OF HOSPITAL, NI SUCH FACILITY, GIVE		other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Homemaker	RKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Hame
USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN Maryland Mont		TOWN I	3d. INSIDE CITY LIMITS? YES 🔯 NO 🗌	13e.STREET ADDRESS / ZIR 6121 Montros	SCODE Se Road (20852)
14 FATHER'S NAME FIRST David	MIDDLE Mint	1	5 MOTHER'S MAIDEN NAM	Un k n o	w n)
160 WAS DECE ASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) IF YES, GIV	E WAR OR DATES!		David Lawson;	Nephew; 2707	D.C. 20008 32nd St., N.W.; Wash
gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS		OT RELATED TO THE TERMIN	NAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
190. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATION	WAS PERFORMED		LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
A CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURRE		
(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
27a.I certify that (I) (this tospin saw the deceased alive an		19.87 , ond	that in (my) (aux) opinion do EGREE ATTENDING PHYSICIAN	enth occurred on the date o	nd hour and from the causes stated 22c. DATE SIGNED
22d PHYSICIAN'S NAME ITYPEO ALAN S- CH	PRINT)		220 ADDRESS SHAPY		ROCKVILLE
23a. BURIAL, CREMATION, REMOVAL	23b. DATE 6/23/87	13c NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN Washington	COUNTY STATE

DHMH - 16 60M 7/84

shauld be detached far use as the burial-transit permit. Then please with the State Dept. af Health and Mental Hygiene prior to burial, c TO FUNERAL DIRECTOR: After this certificate has been

(VRA 15, 4)

retained by the haspital

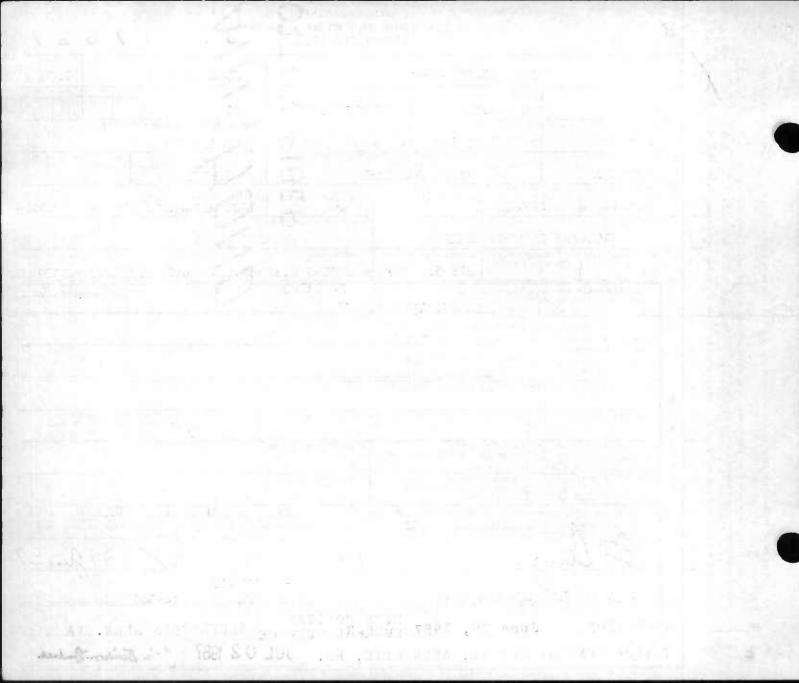
BP.

⁷⁴ FUNERAL DIRECTO DANZANSKY-GOLDBERG METORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852

with a sing , and a single

Ca	~ 1
0	
- 7	REG. NO.

	1	FOR		DrD A D		E OF MARYLAND	LUVCIENE				
8 4 9 8 JUL - 8	X.	STATE REGISTRAR		DEPAK		ICATE OF DEATH		8 /		7 6	21
1		CEASED NAME FIRST		WIDDLE		AST	20. [DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR P
3 71 10		EL	EANOR GI	REEN BROV	MN			JUNE 27	1987		7:00 M
ô 27	3. SE	(4. RACE		5. DATE (6. A	GE (IN YEARS LAST BIRTH	HDAY) IF	FUNDER 1 YEAR	IF UNDER 24 HRS
9 e d		FEMALE	CAUCAS	SIAN	SEPT	EMBER 2 189	9	87	YRS.		
Poo 4	26. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	Y? 8	D NEVER MARRIED	9 B	ALTIMORE CITY OF	COUNTY	OF DEATH	
eoth 1	N	IARYLAND	UNITED	STATES	WIDOW			MONTGOME	RY		MD.
of the to	10. C	TY OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL			(TYP	USUAL OCCUPATION OF OF WORK FOR MOST OF		126 KIND OI INDUSTRY	F BUSINESS OR	
ND 212 24 hour filled in build be must b	USU.	AL RESIDENCE (IF NURSING HOME COUNTAINE DISTRICT OF CO	TOTHER INSTITUTION	1. GIVE RESIDENCE BEFO 13c. CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIMIT	ITS? 13e.5	STREET ADDRESS /	ZIP CODE CHUSET	TS AVE	9 2001
MARYLA MARYLA Maryla Ma	14 FATHER'S NAME FIRST NICHOLAS			MIDDLE HARWOOD GREEN IS. MOTHER'S MAIDEN NAMED FIRST FRANCE IN THE PROPERTY OF						LAST	ī
MORE, I	16a V	VAS DECEASED EVER IN U.S. A VES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SEC 216-52-		NICHOLAS H	H.BROW	N,357 BRO		REET, PE	ERRYVILLI
CORDS, 201 W. PRESTON ST w requires that the death set been tigned by the arthorise surface that the please remove surface that to bused, eremoving, per say injery, or other traumost set.	CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF					DISEASE OR CONE	20b. IF YES,	WERE FINDIN	NGS USED
TAL RE- Copy Copy Tal Res Copy Copy Tal Res Tal Res Copy Tal Res Tal	ERTIFIC	21g. ACCIDENT WAS UNDERLYING	21b. TIME (DE IN ILIPY		21c. HOW INJURY OF		ES NO X	YES		NO _
SCIAN	CALC	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A	.M. MONTH	DAY YEAR 19		CCOMICD	LEWISK MATURE OF INJOK	T IN TIEM TO THE		
DIVISION OF VITAL NG PHYSICIAN, The othersdring physician as the buildinforth in an the buildinforth in th and Meeted Hygier arked or frem 18 sho	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET		CITY OR TO	VN	COUNTY	STATE
TTENDIN pital or TOR Af for use of Health		220.1 certify that (1) (this has saw the deceased alive a		VE 27 19		E 26 , 19 nd that in (my) (aur) ap	87 pinian death	ta JUNE h accurred an the da			that (I) (we) last causes stated
CAL OR A Val Differ detached ute Dept.		Jan Signiff Von	5-				ING M	EDICAL STAF		224. DATE 29	June &
O HOSPIT etained to TO FUNE should be with the St		T. A. DOWGIN		C, USNR				OSPITAL	14-501	(
P € P € \$ ≤	23a C	BURIAL, CREMATION, REMOVA (SPECIFY) REMATION	L 23b. DATE		NAME OF C	EMETERY OR CREMAT		ALEXAND		COUNTY	STATE
9 9 CHIAH CIG 60M 7/84	24 F	UNERAL DIRECTOR AYLOR FUNERA			101	S, MD.	JUL (O 2 1987	25b. REGISTR		Randaes.



DHMH-16 60M 1/73 (VR A F5 (4))

3

must booothy of place

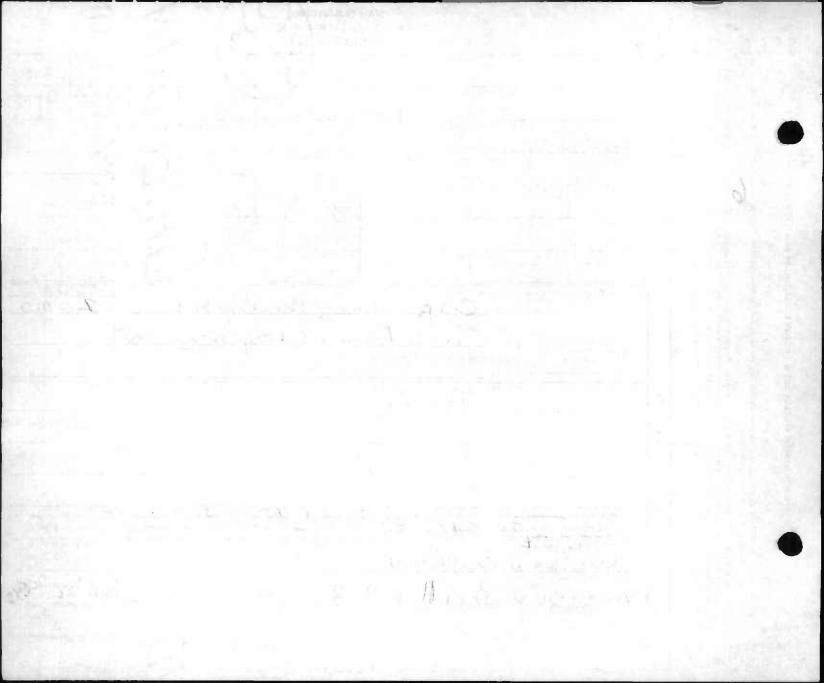
W. CHAMBERS, Inc.

1	1-	FOR STATE REGISTRAR					EALTH AND MENTAL HY ICATE OF DEATH	GIENES	REG. NO	. ! 7	0	2 &
	I. DEC	CEASED NAME OR PRINT)	Heler		S.	BROWN	AST .		30,	1987	AY YEAR	26. HOUR 1:30PM _M
		emale		White				4 82		YRS	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
5		RTHPLACE ISTATEORIC DUNTRY) Penn.	OREIGN 7	U.S.	WHAT COUNTRY?	MARRIE	NEVER MARRIED		ont qo		OF DEATH	MD.
0	Si	ty or town of deal lver Sprin	g	Carria	ge Hill N				LOCCUPATION ORK FOR MOST OF BWIFE			ome
7	13a S	Sh., DC	13b. COUN	OTHER INSTITUTION, TY	GIVE RESIDENCE BEFOR	VN .	13d INSIDE CITY LIMITS?		TAPORESS Watsor	n Pl.,	20009	99999
Y	14 FA	Henry C	. s.	Leybaugh	LAST		Anna L.	Small MIDDLE LAST				
3	(Y	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		AED FORCES? WAR OR DATES)	16b. SOCIAL SECI	971 Millwood La. Henry Brown, Great Falls, VA 22066						6
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter onload)	BY:	line for (a), (b), or		na of the	Bla	dder	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ZOMO	
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								N IN PART 100) ·	
2	CERTIFICATION	19a, DATE OF OPERA	TION	196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED	200 AU YES	TOPSY?		WERE FINDING CAUSES	
7	MEDICAL CER	210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	P.,	M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER I		IN ITEM 18, PAI	RT 1 OR PART 2)	
	MED	21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	THILE	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
		22a. I certify that (I) sow the deceas above, (House) (I 22b. SIGNATURE T		MEDICA	red on the do	te ond hour	ond from the					
1		Wary	AME (TYPE OR	PRINT) B	vill	m.D	2000 N	1 st	N.L	2. W	lash (. c208
		BURIAL, CREMATION. SPECIFY) Cremati		23b. DATE 07-01-		NAME OF C		Rive	rdale,	1	and A	STATE
	24 FL	UNERAL DIRECTOR	DC T	8	655 Geor	gia Av	e., 250.D	ECS BY	RE 1984R	REGISTR	ARS SIGNAT	DOE

8655 Georgia Ave., Silver Spring, MD

20910

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEA

LTH AND MENTAL HYGIENE ATE OF DEATH	8	REG.	NO.	7	5	2
2a. C	ATE O	F DEATH	MONTH	DAY	YEAR	2b. HOUR

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	, ,	
		CEASED NAME OR PRINT)	Will:		Budd		AST	June 26,	e 26, 1987		2b. HOUR 8:30p
	SE)	x male inthplace (State or Foreign 1777 Tand		4. RACE Black 5. DATE O		DF BIRTH 2/21 DAY YEAR	6. AGE (IN YEARS LAST BE	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HR	
35	o. Bli			7b. CITIZEN OF WHAT COUNTRY? 8. MARRIEL WIDOWE 11. NAME OF HOSPITAL, NURSING HOME OF HOST IN SUCH FACILITY, GIVE STREET ADDRESS) Montgomery General I			D NEVER MARRIED DIVORCED	9 BALTIMORE CITY (Montgomer			
69 10.		ty or town of deat lney							12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Maintenance		
35	13a. S N	ID	ig HOME OR O 13b. COUNT Montg	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Wheaton		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 12019 Cent	/ ZIP CODE erhill	Street	2090
50)	THER'S NAME John Neu	gent				IS MOTHER'S MAIDEN NAME Zadie Budd			LAST	
/		(AS DECEASED EVER II ES NO OR UNKNOWN) Yes		ED FORCES? WAR OR DATES)	216-12-1		Bernice Bu	add (wife)			
		18 CAUSE OF DEATH PART I. DEATH WA		MATE INTERVAL ONSET AND DEAT							
	MEDICAL CERTIFICATION	cause (a), stafing underlying cause PART 2. OTHER SIGN	last.	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM		IDITION GIVE	N IN PART 110	1
ows only		DATE OF OPERATI		19b. CONDI	GANSTU		N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDIN ING CAUSES	
- 3		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 214 INJURY OCCURRE WHILE NOT WHILE	LUSE OF DEATH	P./ 21e. PLACE (M. MONTH DA M.	19	211 LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE
21 is m		22a.1 certify that (1) 4 saw the deceased abave, (1) (we) (di	this hospita	tune	, 26 19 8	5 7 , ar	ene 8 , 19 87 and that in (my) (and) opinion	ta, tadeath accurred an the c		and from the	
ZT: ∓ ∓ Fea		27b. SIGNATURE DEGREE PLANTING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									SIGNED e 27, 198
IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 3941 FERRALA DRIVE WHEATON, and 209									2090
_ [(URIAL, CREMATION, R SPECIFY) Burial	EMOVAL	23b. DATE 7-1-8			emetery or crematory	23d LOCATION CITY OR TOWN	Spring	COUNTY MON	tg, M
M 7/84		NERAL DIRECTOR NAME eorge R.	Snow				1D 20850 250 D	FREC'D. BY REGISTRAF	25b. REGISTR	AR'S SIGNATI	URE

6/10/87

10 0 1 00 per since some

58161	1	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYC FICATE OF DEATH	SIENE 8 7	17630
death. Page 4 may be unua; diector, page 3 thirt? To he is after death	3. SE 70. B	E OR PRINT) Ru	1 RACE Cauca Con 15. CITIZEN OF V USF	Siar 12	ied Never Married Never Divorced Never Never		MONTH DAY YEAR 26 HOUR (HDAY) FUNDER 1 YEAR FUNDER 24 HRS WONTHS DAYS HOURS MIN. R COUNTY OF DEATH
BALTIMORE, MARYLAND 21201 core be executed within 24 hours offer apart. Pages 1 and 2 should be filled with the medical synthese most be restricted.	14 F.	AL RESIDENCE (IF NURSING STATE 138 ACYLAND ATHER'S NAME FIRST HACOLD WAS DECEASED EVER IN	HOME OR OTHER INSTITUTION, COUNTY ACT GOMENY MIDDLE MIDDLE	HEACHTY, GIVE STREET ADDRESS) GUALIS BO GIVE RESIDENCE BEFORE ADMISSION BOTH TOWN LAST LAST	13d. INSIDE CITY LIMITS YOU NO ITS 115. MOTHER'S MAIDEN NA FIRST 17. INFORMANT	13e.STREET ADDRESS /	rworking life) INDUSTRY magger Restacent
201 W. PRESTON ST., BALTIM. en that the death certificate be e- ed by the attending physician operate remove calcongraphs. Po- prior other troumon, or removal. car other troumon, event, the res		Conditions, if any, w gave rise to immed cause (a), stating underlying cause	DUE TO, OR bich (b) (b) (c) (c)	R AS A CONSEQUENCE OF	TANCIPULE	All Al DISEASE OR CONI	APPROXIMATE INTERVAL BETWEEN ONSET AND HAM Z WONTER
DIVISION OF VITAL RECORDS, DIVISION OF PHYSICIAN, The fore equinoster that controlled the permit then the and Mercel Hygiene gator to be asked as there if it shows any injury asked as there if it shows any injury.	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLOWNED AND CONTRIBUTING CAU- (IF ETHER NOISE Y MEDICAL) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	YING 21b. TIME OI SE OF DEATH EXAMINER) P.P. 21e. PLACE O	TION FOR WHICH OPERAT FINJURY M. MONTH DAY YEA M. 15	ON WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 1 OR PART 2)
R ATTEND hospital or Ned for vie ppt of Heed		22a I certify that (I) (the saw the deceased abave, (I) (ye) (did) 22b. SIGNATURE	//	ofter death.		death occurred an the do	, 19, that (I) (we) last ate and haur and from the causes stated

DHMH - 16 60M 7/84

WPORTANT

HOSPITAL

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL DIRECTOR

STAFF PHYSICIAN [

23c. NAME OF CEMETERY OR CREMATORY

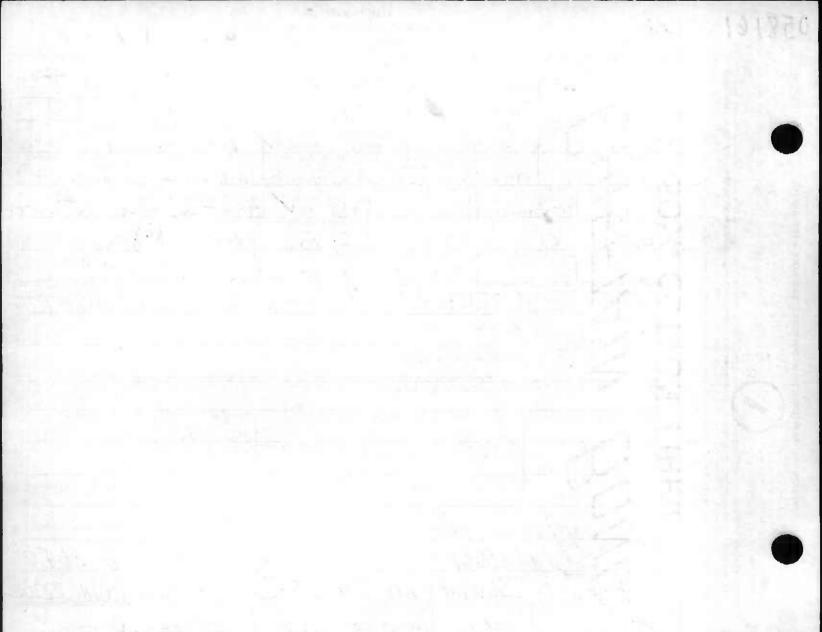
23d. LOCATION CITY OF TOWN

FUNERAL DIRECTOR
DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA

FUNERAL DIRECTOR
DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA

ADDRESS
AD 24 FUNERAL DIRECTOR

23b. DATE



Te ...

director, page 3 ours after death

4 may be

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

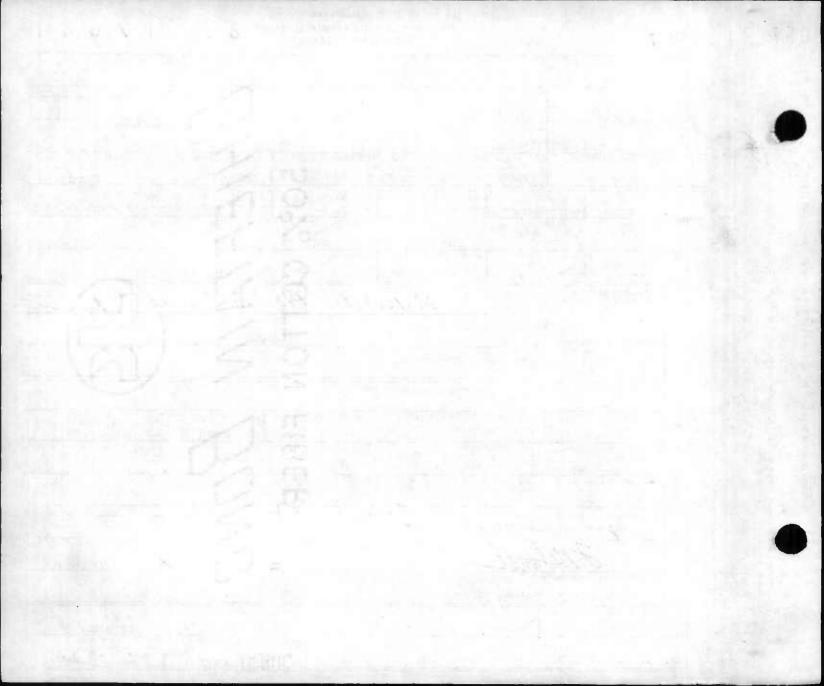
		6				
0	100 /		-7	8-	-1	
8	1	1		0	3	
	REG NO		120			

	FOR STATE RÉGISTRAR			DEPART		CATE OF DEATH	III OILIVE	REG. N	0.		0 3	1
	CEASED NAME	FIRST	٨	AIDDLE	U	AST	2a. D	ATE OF DEATH	MONTH	DAY YEAR	2b HOU	R
11111		lair	F	aul	Bui	rtner, Jr.		June 23,	1987	7	2:45	, A
3. SEX	X		4 RACE		5 DATE O		6 AG	E (IN YEARS LAST BIR	THDAY)	MONTHS DAY	AR IF UNDER	24 HRS
8	Male		Wh	nite	Tanua.	ary 8, 1920		67	YRS	MONTHS	S HOURS	MIN.
	RTHPLACE (STATE OR	FORE IGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BA	LTIMORE CITY O		Y OF DEATH		
	country Pennsylvan	ia	United	States	WIDOWE	NEVER MARRIED		ntgomery	Coun	ntv		M
	TY OR TOWN OF DE				IG HOME O	R OTHER INSTITUTION	12a L	SUAL OCCUPATI	ION	126 KINE	OF BUSINE	SSO
T	Potomac			H FACILITY, GIVE STREET Bainsboro		oad		of work for most o	OF WORKING I		Force	
USUA	AL RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)						TOLCE	
	STATE	13b COUN		13c. CITY OR TOW Potomac	/N	13d. INSIDE CITY LIMITS		REET ADDRESS .			ad / 2	081
-	aryland	MOTICO	omery	Potomac		15. MOTHER'S MAIDEN		oo Gains	DOLO	agii kot	14 / 2	00
	FIRST		MIDDLE	1AST	C	FIRST	. 4.	WIDDLE		7.4.	LAST	
16c 34	Clair VAS DECEASED EVER		ul	Burtne 16b SOCIAL SECL		Harriet		ADDRI	ESS	Lie	ster	
	YES, NO OR UNKNOWN)	I IF YES, GIV	E WAR OR DATES)							- 12		
	Yes	1942-	1969	169-16-	5184	Margaret I	. Bui	ctner,	same	as 13	OXIMATE INTER	
	Conditions, if any gave rise to im- couse (a), statu	mediate	DUE TO, OI	R AS A CONSEQUI	ENCE OF	tatie B					7	
FICATION	gove rise to im- couse (0), statii underlying couse	, which mediate ng the lost NIFICANT (DUE TO, OI b) DUE TO, OI (c) CONDITIONS CO	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE T	ERMINAL [DISEASE OR CON	20b. IF YI	ES, WERE FINI	DINGS USED	H?
RTIFICATION	gove rise to im- couse (o), storiu underlying couse PART 2 OTHER SIGI	, which mediate mg the lost NIFICANT C	DUE TO, OI b) DUE TO, OI (c) CONDITIONS CO	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE T N WAS PERFORMED	ERMINAL C	DISEASE OR CON AUTOPSY? S NO 2	20b. IF YI IN CERT	ES, WERE FINI FIFYING CAUS YES	DINGS USED ES OF DEAT NO	H?
L CERTIFICATION	gove rise to im- couse (a), statis underlying couse PART 2 OTHER SIG	, which mediate mediat	DUE TO, OI b) DUE TO, OI (c) OND 196. COND 216. TIME O	R AS A CONSEQUI	ENCE OF DEATH BUT	NOT RELATED TO THE T	ERMINAL C	DISEASE OR CON AUTOPSY? S NO 2	20b. IF YI IN CERT	ES, WERE FINI FIFYING CAUS YES	DINGS USED ES OF DEAT NO	H?
	gove rise to improve to improve (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING LIFETIMER, NOTIFY MED	, which mediate ng the lost NIFICANT C	DUE TO, OI 1b)	R AS A CONSEQUI R AS A CONSEQUI DITRIBUTING TO TION FOR WHICH FINJURY M. MONTH D.	ENCE OF DEATH BUT	NOT RELATED TO THE T N WAS PERFORMED 21c. HOW INJURY OCC	ERMINAL C	DISEASE OR CON AUTOPSY? S NO 2	20b. IF YI IN CERT	ES, WERE FINI FIFYING CAUS YES	DINGS USED ES OF DEAT NO	H?
MEDICAL CERTIFICATION	gove rise to improve to couse (0), stating underlying couse. PART 2 OTHER SIGNATE OF OPERA. 210. ACCIDENT WAS UNDOR CONTRIBUTING (IF EITHER NOTIFY MED. 216. INJURY OCCUR.	, which mediate ag the lost NIFICANT C	DUE TO, OI DUE TO, OI CONDITIONS CC 19b. CONDI 19b. CONDI 17b. TIME O HOUR A 21b. PLACE	R AS A CONSEQUI R AS A CONSEQUI DITRIBUTING TO TION FOR WHICH FINJURY M. MONTH D.	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE T N WAS PERFORMED	ERMINAL C	DISEASE OR CON AUTOPSY? S NO 2	20b. IF YI IN CERT	ES, WERE FINI FIFYING CAUS YES	DINGS USED LES OF DEAT NO	H?
	gove rise to improve to improve (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK AT WORK AT WORK AT ALL 22a, Leertify that (1)	, which mediate ag the last last last last last last last last	DUE TO, OI 1b)	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TO WAS PERFORMED 21c. HOW INJURY OCCUPATION STREET	ERMINAL C	DISEASE OR CON AUTOPSY? S NO NO NIER NATURE OF INJU	20b. IF YI IN CERT	ES, WERE FINI IFYING CAUS YES B PART I OR PART Z	DINGS USED EES OF DEAT NO	H?
	gove rise to improve to improve to improve (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d, INJURY OCCUR WHILE NOTIFY MED 22a, certify that (I) sow the decase	, which mediate ag the lost lost lost lost lost lost lost lost	DUE TO, OI 1b)	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM ETC.1	NOT RELATED TO THE TO WAS PERFORMED 21c. HOW INJURY OCCUPATION STREET	200 YE CURRED (1	DISEASE OR CON AUTOPSY? S NO ENTER NATURE OF INJUIT CITY OR TO June 2	20b. IF YI IN CERT IN TEM 18	ES, WERE FINITIFY ING CAUS YES PART I OR PART TOURTY COUNTY	DINGS USEE EES OF DEAT NO [7]	H?
	gove rise to improve to improve (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK AT WORK AT WORK AT ALL 22a, Leertify that (1)	, which mediate ag the lost lost lost lost lost lost lost lost	DUE TO, OI 1b)	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE T N WAS PERFORMED 216. HOW INJURY OCC 211. LOCATION STREET	200 YE CURRED (1	DISEASE OR CON AUTOPSY? S NO ENTER NATURE OF INJUIT CITY OR TO June 2	20b. IF YI IN CERT IN TEM 18	ES, WERE FINITIFYING CAUS VES PART I OR PART 2 COUNTY 1987 ur and from t	DINGS USEE EES OF DEAT NO [7]	H?
	gove rise to improve to couse (0), storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED 22a. I certify that (1) say the decay above. If iwel (, which mediate ag the lost lost lost lost lost lost lost lost	DUE TO, OI 1b)	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TO WAS PERFORMED 21c. HOW INJURY OCCUPATION STREET 21l. LOCATION STREET 4 that in (my) (our) oper DEGREE ATTENDIN	200 YE CURRED (1)	AUTOPSY? S NOW CITY OR TO DOCUMENT ON THE DECEMBER OF THE D	20b. IF YI IN CERT NOTE MEN IS THE MEN IS	ES, WERE FINI IFY ING CAUS YES PART LOR PART 2 COUNTY 1987 220. DA	DINGS USED ES OF DEAT NO [] 1) 5' _, that \(\mathcal{U} \) (v he causes sta	H? ATE /e) lo
	gove rise to improve to couse (0), storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED 22a. I certify that (1) say the decay above. If iwel (, which mediate ag the individual of the individ	DUE TO, OI 1b)	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TO WAS PERFORMED 21c. HOW INJURY OCCUPATION STREET 21l. LOCATION STREET 19 & d that in (my) (our) opin DEGREE ATTENDIN PHYSICIA	200 YE CURRED (1) Third death	DISEASE OR CON AUTOPSY? S NO NO INTER NATURE OF INJU CITY OR TO DICAL STA CTOR PHYSIC	20b. IF YI IN CERT IN TEM 18	COUNTY 1987 22c. DA Jui	DINGS USEC LES OF DEAT NO []	H? AIE /e) lo
	gove rise to improve to couse (0), storing the couse (1), sow the decess obove, (1) (12), signature (1), signature (1), signature (1), signature (1), storing (1), sow the decess obove, (1), sow the decess obove, (1), signature (1), signature (1), signature (1), signature (1), storing (1), signature (1), signature (1), signature (1), signature (1), signature (1), storing (1), signature (1), signature (1), storing (1), st	, which mediate go the solution of the solutio	DUE TO, OI (c) DUE TO, OI (c) 19b. CONDITIONS CO 10d of the condition of the conditio	R AS A CONSEQUID R AS A CONSEQUID DITRIBUTING TO DI	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TO WAS PERFORMED 21c. HOW INJURY OCCUPATION STREET 21l. LOCATION STREET ATTENDIN PHYSICIA 22e ADDRESS 540	200 YE CURRED (II	DISEASE OR CON AUTOPSY? S NOW INTER NATURE OF INJU CITY OR TO June 2 DICAL STA ECTOR PHYSIC STEPN AVE	20b. IF YI IN CERT IN TEM 18	ES, WERE FINITIFYING CAUS YES COUNTY COUNTY 1987 22c. DA Jui NW	DINGS USED ES OF DEAT NO [] 1) 5' _, that \(\mathcal{U} \) (v he causes sta	H?
MEDICAL	gove rise to improve to couse (0), storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHLY MED 21d. IN JURY OCCUR AT WORK NOT WAT WORK 22c. I certify that (I) sow the decease above, M (we) (1) 22b. SIGNATURE 22d. PHYSICIAN'S N Frederice	, which mediate mediat	DUE TO, OI (c) DUE TO, OI (c) 19b, CONDITIONS CO 10c, Conditions C	R AS A CONSEQUID R AS A	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TO WAS PERFORMED 21c. HOW INJURY OCC 21l. LOCATION 19 & 4 that in (my) (our) opin DEGREE ATTENDIN PHYSICIA 22c. ADDRESS 540 Was	200 YE OR ON THE SHINGS	DISEASE OR CON AUTOPSY? S NOW CITY OR TO June 2 DICAL STA ECTOR PHYSIC STEPN AVI	20b. IF YI IN CERT IN TEM 18	ES, WERE FINITIFYING CAUS YES COUNTY COUNTY 1987 22c. DA Jui NW	DINGS USED ES OF DEAT NO [] 1) 5' _, that \(\mathcal{U} \) (v he causes sta	H? AIE /e) lo
WEDICAL 23a. 8	gove rise to improve to couse (0), storing the couse (1), sow the decess obove, (1) (12), signature (1), signature (1), signature (1), signature (1), storing (1), sow the decess obove, (1), sow the decess obove, (1), signature (1), signature (1), signature (1), signature (1), storing (1), signature (1), signature (1), signature (1), signature (1), signature (1), storing (1), signature (1), signature (1), storing (1), st	, which mediate ag the individual of the individ	DUE TO, OI (c) DUE TO, OI (c) 19b, CONDITIONS CO 10c, Conditions C	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 FARM ETC.)	NOT RELATED TO THE TO WAS PERFORMED 21c. HOW INJURY OCCUPATION STREET 21l. LOCATION STREET ATTENDIN PHYSICIA 22e ADDRESS 540	200 YE CURRED (4 On Mein Direction of the Court of the C	DISEASE OR CON AUTOPSY? S NOW INTER NATURE OF INJU CITY OR TO June 2 DICAL STA ECTOR PHYSIC STEPN AVE	20b. IF YI IN CERT IN CERT WAN 3, ote and had FF CIANA enue, 200	COUNTY 1987 22c. DA JUI NW 155	DINGS USED LES OF DEAT NO [1] 1) -, that \(\mathcal{U} \) (v) he causes sta TE SIGNED ne 24,	H? ATE /e) lo

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.



PHYSICIAN: The attending physician.

ATTENDING

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		8	1
PEC.	NO		

37	lies .	REGISTRAR				CEKTIF	ICATE OF DEATH		REG. N	ю.			
		CEASED NAME	FIRST	1	MIDDLE	R.	AST	7s. DA	TE OF BEATH		DAY YEAR	26. HOUR	
		KODE	The	V	k	11/	Cy	6	124/6	Y/		XP	
1.1	3. SE			4. RACE	4	5. DATE C		6. AGE	(PENERS (AST BR	1000000	ONTHS DAYS	HOURS N	
	7 0	Male		Caucas		Mai	r. 27,193		16	YRS.			
69	7a. Bi	RTHPLACE (STATEOR COUNTRY) New York	FOREIGN		what country? States		DXX NEVER MARRIE		TIMORE CITY O	OR COUNTY	OF DEATH		
5	10 €	TY OR TOWN OF DEA	ATH			WIDOWE			SILAL OCCUPAT	DIRE	IN KIND	OF BUSINESS	
70	1	ethesdo	n	UHL	Urban	1 /1	ROTHER INSTITUTIO	At	SUAL OCCUPAT OF WORK FOR MOST O LOTNEY	OF WORKING LIFE	U.S.	Gov't	
od som	13a. S	AL RESIDENCE (IF NURS STATE Maryland	136 COUN		Bethesda	N	13d. INSIDE CITY LIM YES NOX		REET ADDRESS 21 Ches	/ ZIP CODE hire R	oad/20	814	
Comine	A FA	THER'S NAME William		V.	Butler		15. MOTHER'S MAIDE Cath		WIDDLE		Powe		
9 /	16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDR	ESS			
medi	(Yes, no or unknown)	Kore		577-42-0	0342	Joan E. I	Butler,	Same a	s # 13			
t the		18. CAUSE OF DEAT	H (Enter on	ly one couse per	ling for (a), (b), an	d (c).)	~ · A				APPROX BETWEEN	IMATE INTERVA	
> .		PART I. DEATH W		E CAUSE (b)	Kospin	ation	" taile	he					
ţċ							A	Λ	. 0				
E G		Conditions, if ony, which (b) English and Hemonback and Premium											
troi		gove rise to imi		(b)	CVALIFIFI	anch	Me voo	- Torox	w. a 11	regni	Of Page		
ther		couse (o), statir underlying couse		DUE TO, O,	RAS A CONSEQUE	NCEOF	-+==1	2		C			
or o				(0)	100 very b	yer	emanea i	owner	wywe	ance	Norve-		
injury,	NO	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS <u>CO</u>	ONTRIBUTING TO I	DENTE BUT	NOT RELATED TO THE	E TERMINAL D	ISE &SE OR CON	IDITION GIVE	EN IN PART 1:	0	
Sws any	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERTIFY	, WERE FINDII YING CAUSES		
18 %		210. ACCIDENT WAS UN		216. TIME O HOUR A.	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY O	OCCURRED (E	NTER NATURE OF INJU	JRY IN ITEM 18 PA	ART 1 OR PART 2}		
He He	MEDICAL	(IF EITHER, NOTIFY MEDI				19							
do	WED	21d. INJURY OCCUR		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TO	NWC	COUNTY	STAT	
orke	-	AT WORK NOT WE	RK L								-		
s w		22a.1 certify that (1)	this hospit	ral attended th	deceosed from	5/2	. 19_	87,10	6/24	t	19 87	that (I) (we	
21		saw the deceas		view the body	ofter death.	7	ad that in (my) (our) of	pinion death o	ccurred on the d	late and hour	and from the	couses state	
Hem		77h SIGNATORE	-11	216			DEGREE				22c. DATE	SIGNED	
=		-	Jan	1/2			ATTEND	ING MED	CTOR PHYSIC	FF CIAN []	6/2	4/87	
Z		ZZI. PHYSICIAN SA	AMI (TYPE O	PRINT)			22e. ADDRESS 54		DAR LAN		E 206C	1/0/	
MPORTANT		IRVING	- MIZ	US, MI)		BE			20814			
₹		SURIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMA	TORY 23d.	LOCATION				
		Buria:	1	June 2	7,1987 G	ate o	f Heaven		Silver	Spring	, Mary	land STAT	
7 (0.	24. FI	Bethesda-	Robert		phrey_Fu	neral	Home. 25	So. DATE REC'E	D. BY REGISTRAR	25h REGISTI	RAR'S SIGNA	TURE -18 th	
7/84		Bethesda,	nevý Jarvia	nd 2081	inc. 107.55	7 Wisc	Home, consin Ave	JUL 01	1987	was www	Helpon-Ma	MARINE	
)		Decinesda	штута	2001	7				001				

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

السويد التحرير الاسلاما م A SUN SUN AND A SUN A SUN A SUN A SUN A SUN A SUN AND A SUN A